

med

Canadian Hospital



Toronto, Canada Vol. 13

The Edwards Publishing Company

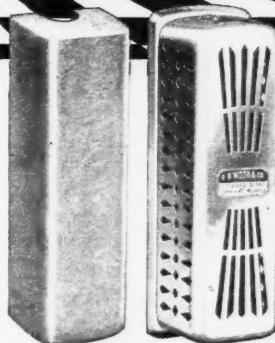
January, 1936

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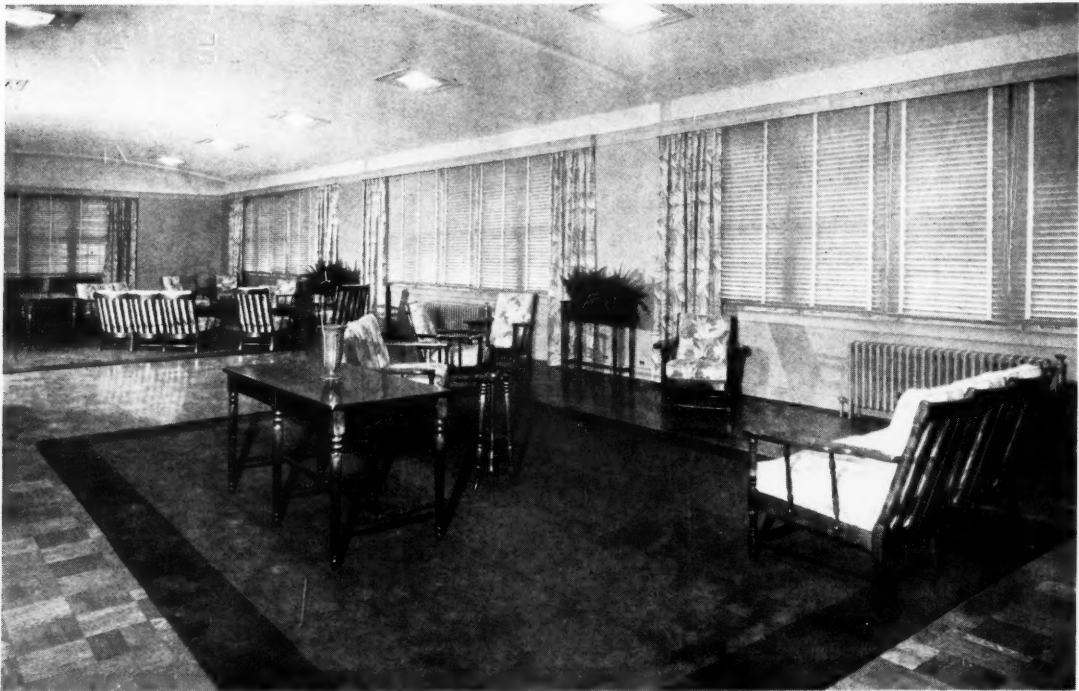
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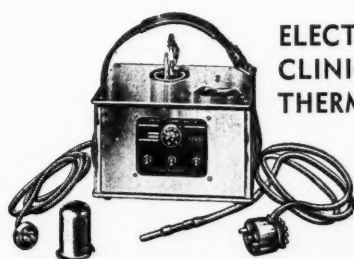
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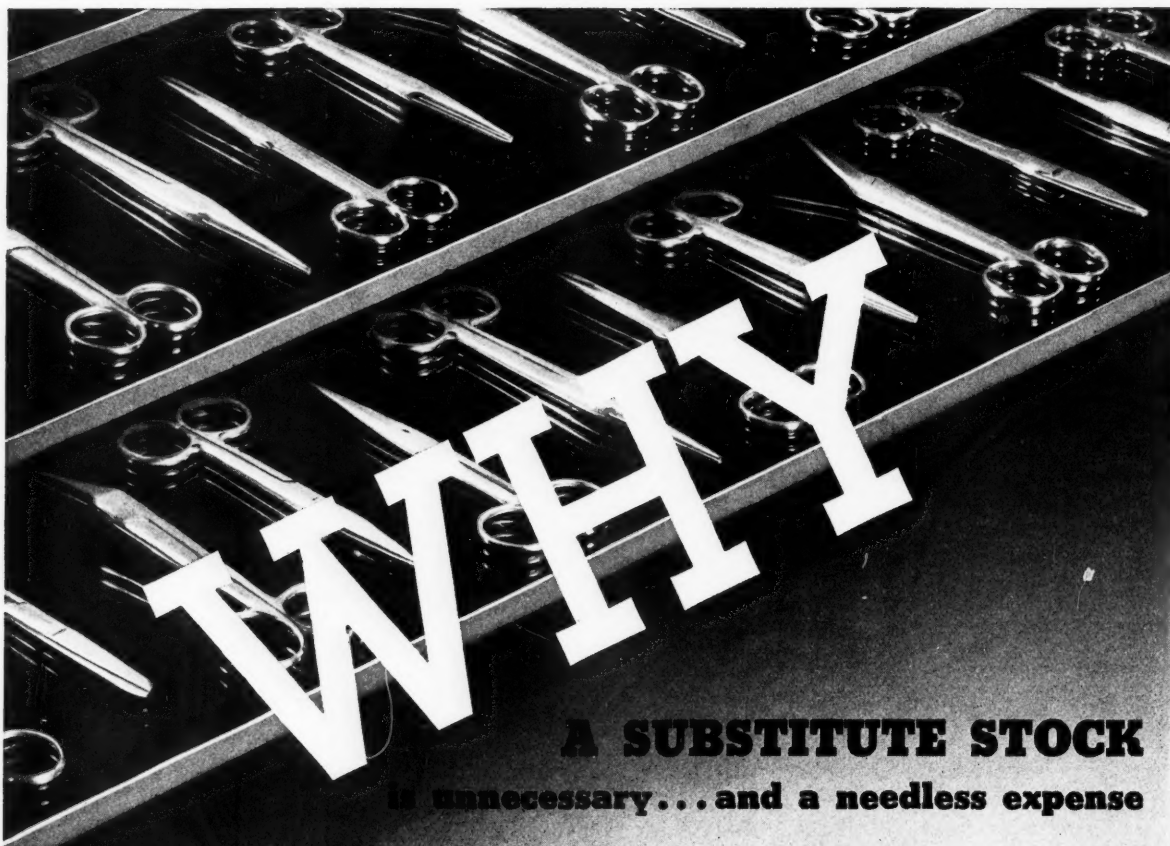
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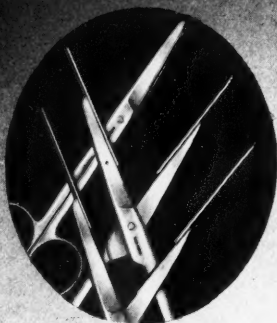
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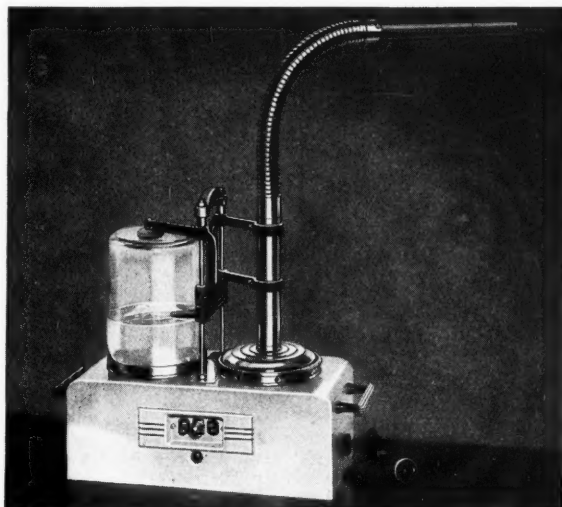
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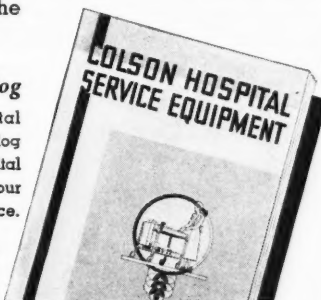
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The CANADIAN HOSPITAL



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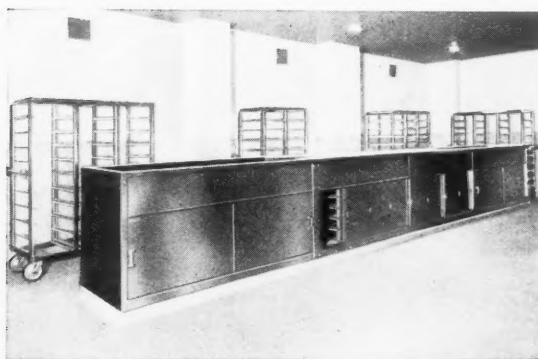
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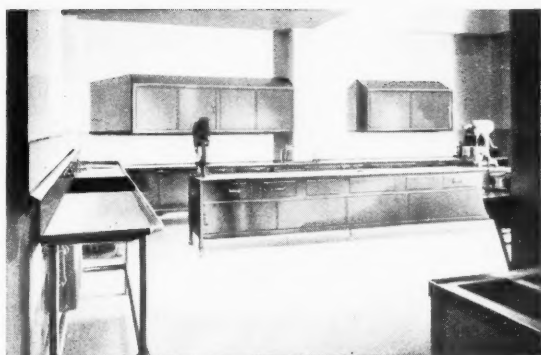
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McClary Kitchen Equipment in the Western Hospital

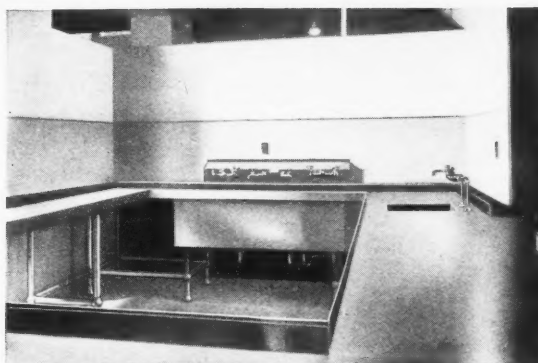
On this page we show three views of the McClary equipment we recently produced and installed in the Toronto Western Hospital.



This is the main Service Counter, with the Tray Trucks in the background.



Here is a section of the Special Diet Kitchen, showing sinks, wall cabinets and work tables.



The Dish Washing Pantry, showing dish tables and sinks.

Our Kitchen equipment engineers are available at all times to prepare recommendations and blue prints of efficient, modern layouts for new kitchens or for renovations.

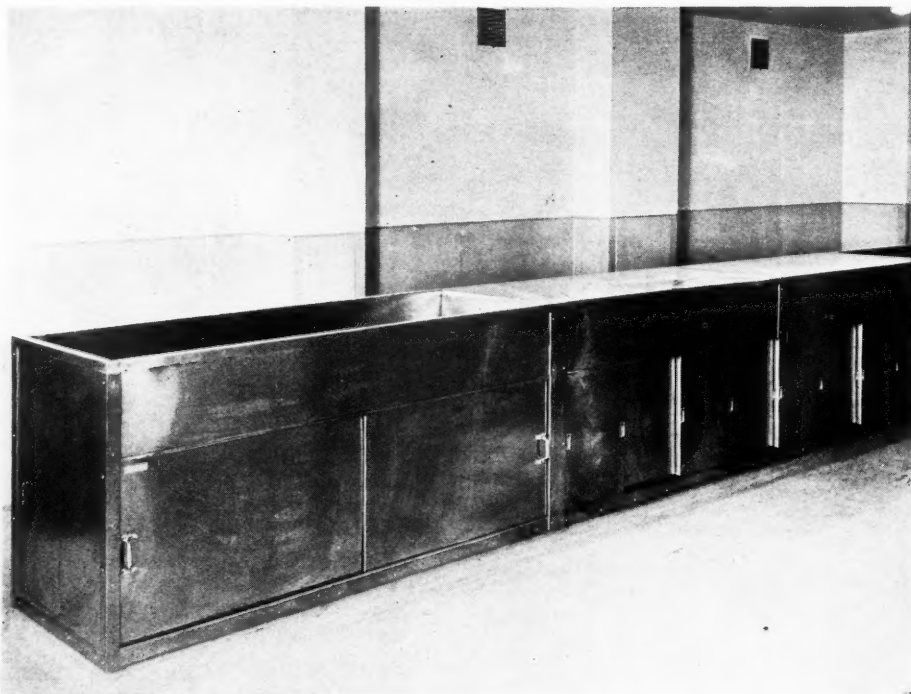
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was specified for most of the standard and special kitchen equipment in the new Pavilion of the Toronto Western Hospital



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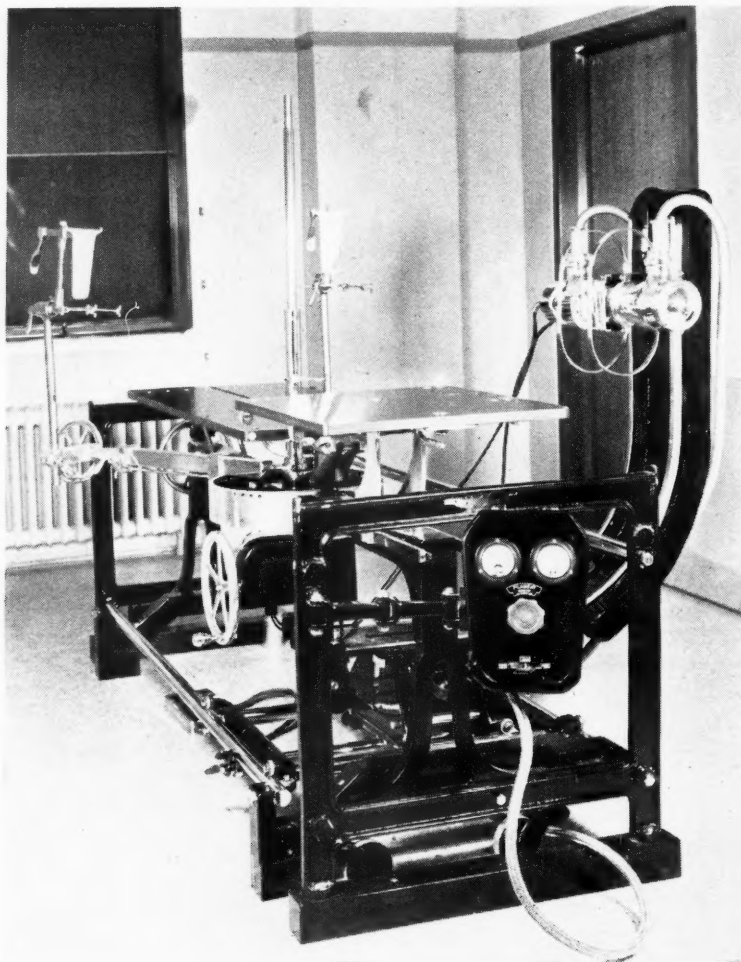
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Left: The water sterilizers are equipped with automatic devices for safeguarding the sterile water supply.

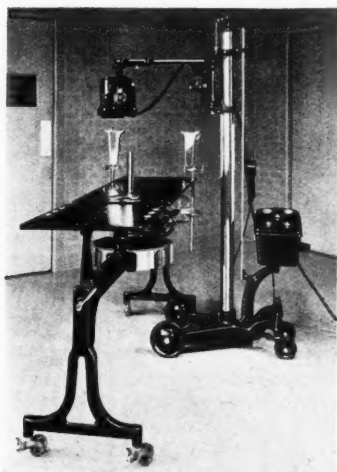


Right: The autoclave assures positive sterilization of surgical supplies and convenient control of the sterilizing process.

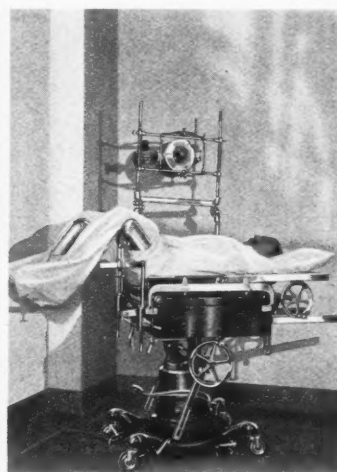
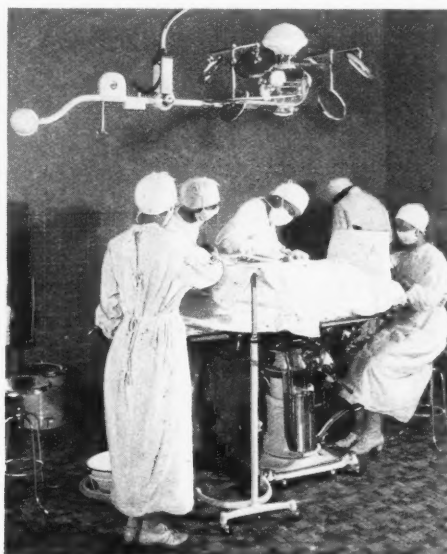
The hospital is equipped throughout with Scanlan-Morris sterilizers including the latest type of water sterilizers with Magath-Linde automatic devices that sterilize air entering the sterile reservoirs and sterilize water gauge glasses and contents of gauge glasses; autoclaves equipped with automatic condensation and air ejector, dial thermometer, and

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Hawley-Scanlan fracture X-ray and orthopedic table.



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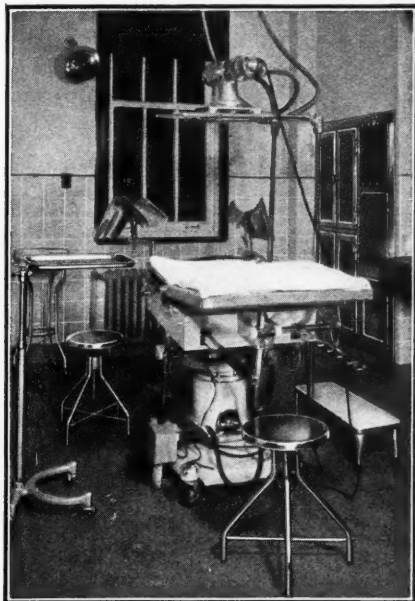
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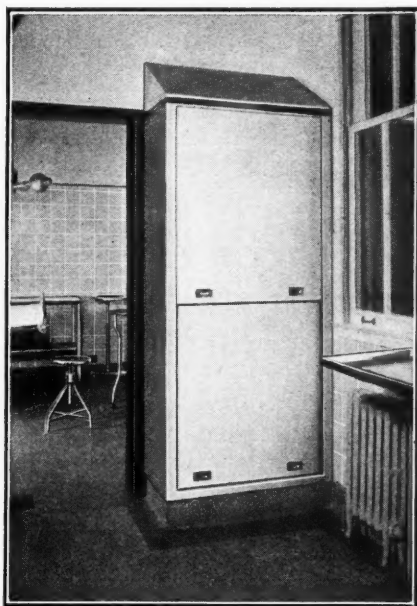
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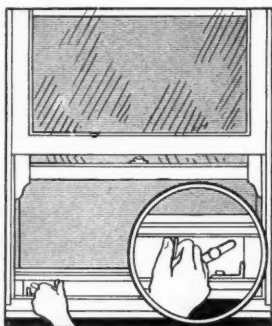
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HERE is a screen so simple in design—so easy to install and so practical in operation that it solves the screen problem to the utmost satisfaction of the hospital superintendent.

Zip-in is the very latest development in time and money saving screen equipment and is particularly suited to meet the demands of the hospitals and sanatoriums.

12 "ZIP-IN" ADVANTAGES—

- 1—Easily and quickly installed from the inside—only 4 screws to place. A screw-driver is the only tool required.
- 2—No side frames to obstruct light and air.
- 3—No fitting required. If windows are out of square Zip-in screens are adjustable at the bottom for minor variations.
- 4—No painting or other maintenance expenses.
- 5—Full length permits either top or bottom window sash, or both, to be open—thereby providing a better ventilation.
- 6—The wire cloth is held taut and may be quickly tightened by a slight movement of bottom slides.
- 7—Makes window washing easier. Release of the bottom catches permits the screen to swing free at the bottom.
- 8—If the wire becomes damaged it is easily and quickly replaced.
- 9—All-metal construction at the price of wood frame screens. Made of solid bronze.
- 10—Manufactured in all sizes to fit all openings.
- 11—When removed from the window, Zip-in requires only a small storage space. Each Zip-in is packed in a 3" square, fiber container which is used for storage.
- 12—The only screen that may be conveniently cleaned each season. The complete screen may be immersed in soapy water or other cleaning solution.



(2) Two screws are driven into the window frame at the bottom and the bottom rail of the Zip-in is placed over them and locked. To draw the screen cloth taut, the two slides in the bottom rail are pulled outward until the desired tension is obtained.

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— WARMER —
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The natural cork structure consists of a mass of very small and completely isolated dead or still air cells plus a waterproof gum or resin. The dead air cells offer the maximum resistance to heat flow and because of the waterproof gum, moisture is repelled, thereby assuring permanency. It is the combined effect of these natural properties, brought to greatest effectiveness by the Mundet Manufacturing processes, that makes "Jointite" Corkboard the ideal insulation and because of its high efficiency it has been

*used throughout the
new 14 storey wing
of Western Hospital*

Mundet Corkboard is easily erected in any kind of construction—brick, stone, concrete, tile, stucco or frame. It is structurally strong; will not absorb moisture; does not swell or shrink; does not mould or rot; a positive fire retardant and takes and holds plaster permanently. Specifications and detailed information gladly sent on request.

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*Solarium in the new wing of the
Western Hospital, Toronto.
Furnished by The T. EATON CO.*

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are equally at the service of any hospital in furthering schemes,
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Complete protection .. even to the CLOSURE



THE SAME CAREFUL SELECTION of raw materials—the same skill in manufacture—the same strictness in control testing safeguards the purity of Squibb Ether today as when Dr. E. R. Squibb perfected the process for the manufacture of the product.

The packaging of Squibb Ether, however, has been definitely improved. The original glass-bottle container was stoppered with a lead foil-wrapped cork. When danger of breakage led to the adoption of the tin container, a steam-soldered seal was used.

The discovery, that packaging ether in contact with copper definitely prevents the formation of aldehydes and peroxides, led to the use

of the present patented copper-lined container. Sealed mechanically and hermetically, the present container not only assures freedom from aldehydes and peroxides, but from solder or soldering flux.

Every can of Squibb Ether is tested to make sure that it is properly sealed. This is but one of many precautions taken in the Squibb Laboratories to protect the purity, uniformity, safety and effectiveness of Squibb Ether. It has been used in millions of cases every year with absolute safety.

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Please refer to *THE CANADIAN HOSPITAL* when writing

Forty Years of Progress at Toronto Western Hospital

By JOHN FERGUSON, M.D.
Secretary of Board of Governors

THIS hospital is now in the fortieth year of its growth and activities. It was founded in 1896, when it obtained its first Act of Incorporation under the Charities and Benevolent Act of that period.

A few years later it was incorporated by a Special Act granted by the Legislature of Ontario. This act was repealed in 1913 and a new act passed by the Legislature, conferring upon the hospital its present system of government, and materially enlarged powers.

In 1896 a dozen doctors each contributed one hundred dollars which enabled them to rent and furnish a house. The demand for accommodation soon made it necessary to secure a second house, and presently a third one. The names of these doctors are: Geo. H. Carveth, Price Brown, J. F. Davison, Jas. McCullough, John Hunter, J. B. Gullen, T. S. Webster, W. J. Wilson, J. Spence, S. G. F. Barton, John Ferguson, S. M. Hay.

It became apparent that a more permanent place should be adopted; and, after much prospecting for a site, the present one on Bathurst Street was secured in 1899. The large residence on this site was greatly changed and made suitable for the reception of patients, and was opened on 16th December, 1899.

Here again, in a short time, the accommodation was found to be inadequate and tents were erected and employed for several years.

In 1908 and 1910 two solid brick buildings were erected, which furnished satisfactory accommodation for a number of patients, and also a suitable laundry.

While these events were going on the hospital succeeded in purchasing the land and houses on Roseberry Avenue; and a portion of land on the north aspect of the lot, owned by the city, was donated by the city to the hospital. These changes completed the site.

TORONTO
Western Free Dispensary
417 EUCLID AVE.

TUESDAY, 11 to 12 a.m.
FRIDAY, 2 to 3 p.m.

DR. CARVETH

For Mr. . .

For Mr. . . 1895

R I agree to pay \$100 towards the maintenance of the Western Hospital \$10 down and \$5 per month (as required) 1st payment of \$5 to be due Jan 1st 1896.

*Geo. H. Carveth
Price Brown
J. F. Davison
Jas. McCullough
John Hunter
J. B. Gullen
T. S. Webster
W. J. Wilson
J. Spence
S. G. F. Barton
John Ferguson
S. M. Hay*

Reproduction of the original memorandum in which twelve Toronto Doctors agreed to contribute toward the maintenance of the Toronto Western Hospital

During these years the hospital received a number of donations, the largest one being \$25,000 from Mr. David Fasken.

In the years 1911 and 1913, the main building was erected. The City of Toronto made two grants of \$50,000 toward this building. These grants along with donations enabled the main building to be erected.

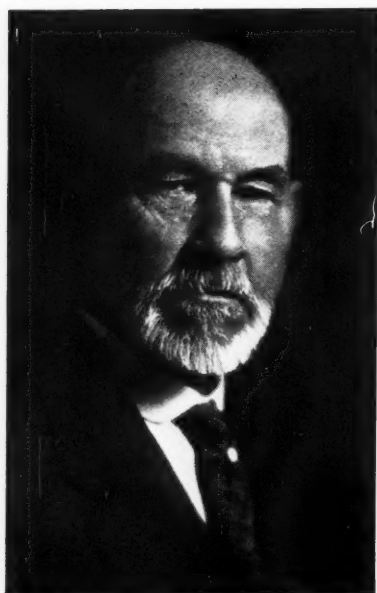
In 1913 arrangements were made with the University of Toronto for the admission of medical students to the public wards of the hospital. This system of clinical teaching has been carried on ever since in medicine, surgery and gynaecology and obstetrics, with mutually satisfactory results to the University and the hospital.

In 1923 an addition was erected to the main building, which furnished much needed accommodation for the rapidly growing outdoor department. This extension was made possible by the very generous assistance of Mr. David Fasken.

In 1925 two very important events occurred. The Western and Grace Hospitals were united into one institution by a special act of the Legislature. The other event was the erection on the Western Hospital Grounds of a large and commodious nurses' residence at a cost of \$350,000. This building houses over two hundred (200) nurses. It also furnishes a large

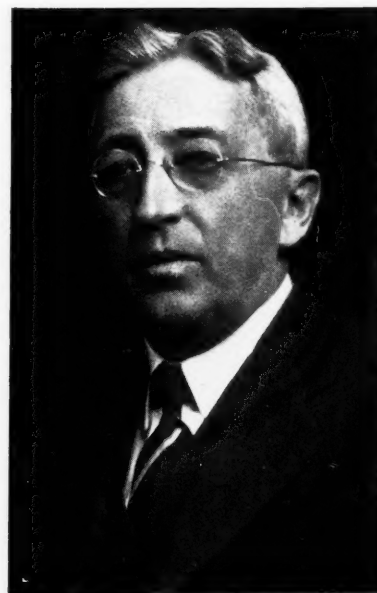
dining room, a suitable reading and study room, and a handsome reception room.

But the demand for more accommodation and a suitable building on the Western Hospital site were ever pressing needs. These needs were met during 1935, by the erection of the new fourteen storey pavilion, and the addition of a fourth storey to the main building. These building operations are now almost completed. We received assistance from the Province of Ontario and the City of Toronto, which helped materially in the erection of this new addition.



*At Left—John Ferguson,
M.D., Secretary of the
Board of Governors.*

*At Right—Mr. Alex. Fas-
ken, K.C., President of the
Board of Governors.*



The hospital now has accommodation for 515 patients; has an active and associate medical staff of 182, a nurses' staff of trained and pupil nurses of 199, and about 240 others in the service of the hospital. The hospital has now a series of most satisfactory suites of rooms for Laboratory, Bio-chemistry, Pathology, Dispensary and X-ray study, treatment and research. These series of buildings and furnishings cost about one million two hundred thousand (\$1,200,000) dollars. The hospital property is now estimated to be worth at least \$2,500,000.

During the forty years of its existence, the hospital has been fortunate in having its affairs well managed by the late Dr. James H. McCullough, and Mr. H. C. Tomlin; and following these by Major A. C. Galbraith and the present superintendent, Mr. A. J. Swanson. The nursing and training of nurses have been well cared for by Miss Smedley, Miss Woodland, Miss Bell, Miss Ellis and Miss Rowan, as superintendents of nurses.

The medical staff have been loyal to the hospital, and have been most helpful on all occasions with advice, and efficient service. To these professional gentlemen much of the hospital's success is due.

In closing this brief outline of the development of the hospital too much praise cannot be accorded to those public spirited gentlemen who have acted at various times as Governors. The list includes such names as Ald. James Scott, Controller William Burns, Justice W. R. Riddell, Hon. Thomas Crawford, Former Mayor G. F. Clarke, Mr. H. C. Tomlin, Mr. W. H. Langlois, Sir E. B. Osler, Sir William Mackenzie, Mr. David Fasken, Mr. Alex. Fasken, Mr. E. R. Wood, Mr. J. E. Atkinson, Major A. C. Galbraith, Mr. Sigmund Samuel, Mr. John Medland, Mr. F. J. Coombs, Col. Peuchen, Mr. William Inglis, Mr. F. McMahon, Mr. G. R. Warwick, Sir Henry Pellatt, Mr. T. P. Loblaw.

The death of Mr. William Inglis, on November 18th, removed one of Toronto's most public spirited citizens. Mr. Inglis was Vice-President of our Board of Governors, and Vice-Chairman of our Building Committee.

His loss is keenly felt by all those with whom he came in contact.

Of the medical gentlemen who have served on the Board of Governors, the following names should be mentioned: Dr. James McCullough, Dr. George H. Carveth, Dr. E. Clouse, Dr. H. A. Beatty, Dr. A. A. Macdonald, and Dr. John Ferguson, who has acted as secretary of the Board for forty years.

Hospital Planning Keeps Pace With the Times

CONGRATULATIONS are in order to the Board of Governors and Superintendent of the Toronto Western Hospital, architect, and others who have participated in the building and equipping of the imposing new addition, which will add so much to the facilities of the Toronto Western Hospital.

The new addition is well conceived, and incorporates in its services and conveniences many innovations which are new in Canadian hospital planning. From the descriptions and illustrations in the accompanying articles the reader will be enabled to visualize many of the important features of this most modern of hospital plants. Only a personal inspection, however, will fully reveal the effort that has been spent to provide a restful, home-like atmosphere for the patients, with which is added luxuries in comfort and convenience, many of which it would be impossible to duplicate in the sick-room in the home.

We are advised that the Board of Governors have intimated that it is their desire to meet the needs of the public by giving the very best in hospital care, at rates within the means of those with moderate incomes.

This combination of factors represents a most desirable trend in hospital service. After all, the paying patient is entitled to enjoy the recuperative effects of attractive surroundings and the best possible service, and when these are available at rates which seem reasonable to the patient, the true spirit of hospitalization has been achieved.

The Canadian Hospital.

The Toronto Western Hospital Extensions Provide Modern Facilities

By A. J. SWANSON, General Superintendent,
and JAMES GOVAN, Architect

THE decision to extend the accommodation at this hospital was based on the necessity for closing or making costly improvements to the Grace Hospital Division, insisted upon by the Provincial Health Department, and the inadequacy of the then existing food preparation and serving, surgical, obstetrical, laboratory and X-ray services.

Before the plans of the new pavilion and of the additional storey on the Bathurst Street building were finally adopted, many schemes were studied.

These took the form of a long oblong-shaped building placed north and south between the Bathurst Street building and the other existing buildings at the east side of the property. These studies were all of lower buildings than the new pavilion illustrated, and they all had the objectionable feature of creating long narrow courts between the new and old buildings, which meant blocked views and circulation for both old and new windows.

Studies by the architects showed that control of both summer and winter indoor temperatures would be facilitated by orienting the building, with its main axis east and west and the development of the plans along these lines has provided much wider open courts between the buildings, and greatly reduced the problem of noise from the streets.

Administrative Difficulties During Construction

Few hospitals could have presented more difficulties for the administrative staff during the construction period.

The original residence that stood in the centre of the property was in use up to the time work was commenced, as the main kitchen of the hospital, with patients' rooms in two upper storeys.

Through this residence and its connecting corridors, east and west, ran all the main services to the hospital buildings, i.e., steam flow and return, hot and cold water, fire, electric power, lighting and telephone lines, also some sewer connections.

Provision for these services and for food conveyance to patients' buildings and to nurses' residence had to be made in a temporary passageway which was erected across the property south of the new pavilion. This was connected with a temporary kitchen established on the top floor of the old power house building, (formerly a laundry).

The mortuary was also in the way of the new building, so temporary provision for that service also had to be made just off the connecting passageway.

Construction Noise Nuisance and Its Control

The disconnecting and reconnecting of such a great number of service pipes, in many cases several times, created a serious problem for the hospital administration, but these disturbances were no greater, so far as patients'

comfort was concerned, than were the noises created by some of the building operations.

Cost and time factors in connection with excavation work rendered necessary the use of both steam and gasoline powered shovels. Very simply constructed sound mufflers, designed by the architects, did much to mitigate this nuisance.

The improvement was so noticeable that it can be assumed that the only reason why such excavating equipment is generally so noisy is simply because the manufacturers have not been compelled to quiet it to meet a public demand aroused to the harmful effects of noise nuisance.

Given time to make the necessary adjustments in their plant, any firm doing contract excavation work in the vicinity of a hospital could operate without any disturbance to patients, and the added cost of equipment, spread over a few jobs, would be so small as to be negligible. As with excavation machinery, so with other plant items in building construction, the muffling of noise only requires the common sense application of data made available by research engineers in many countries, especially during the past decade.

At this hospital the noise of rivetting was entirely done away with by bolting all connections of structural steelwork on the job.

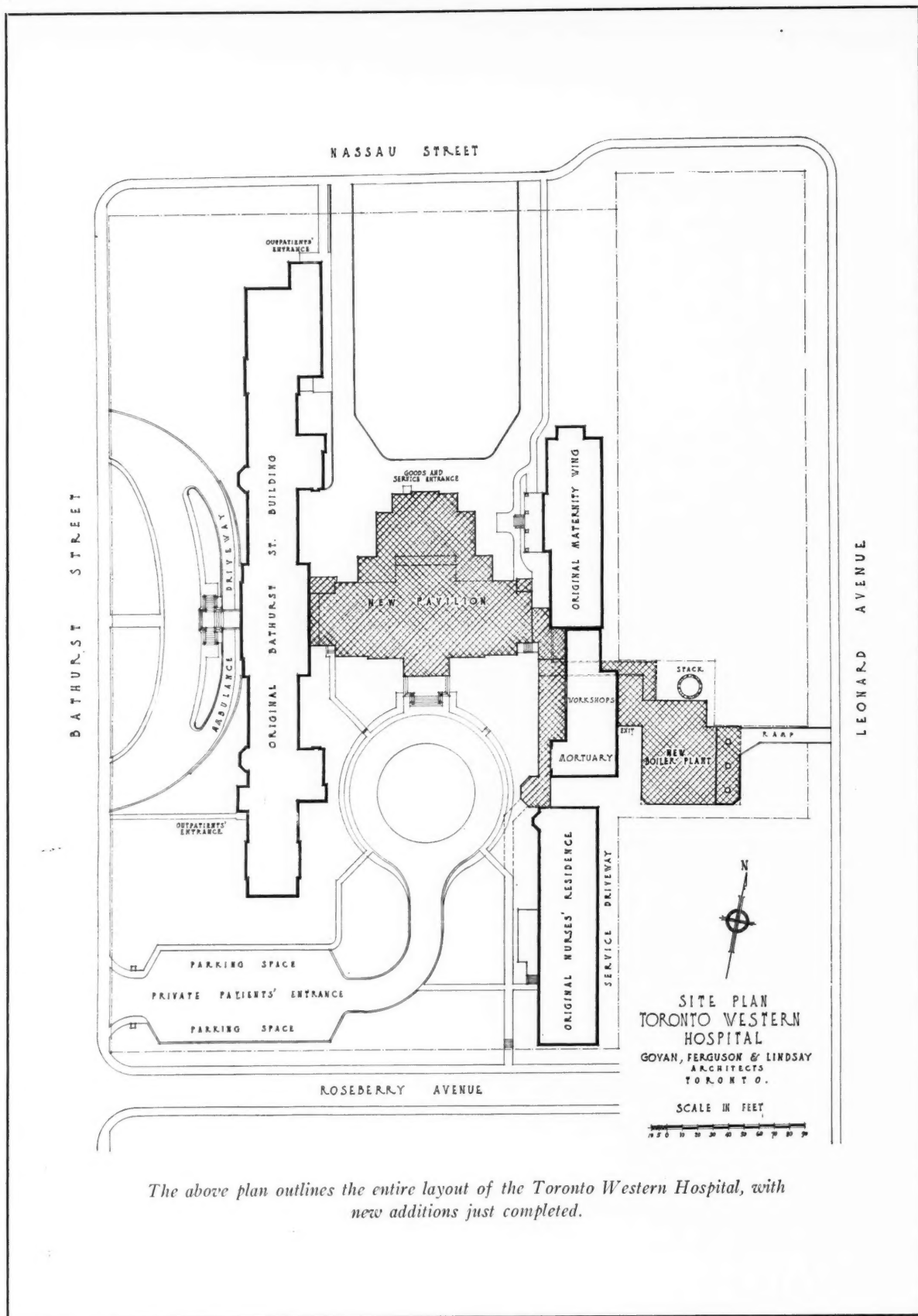
In this connection the question has been asked, why a steel framework in preference to reinforced concrete? This matter was carefully studied, and steel was chosen because of the smaller finished column dimensions in relation to the very limited length of building that could be planned between the existing buildings on the site.

The experience with field-bolting on this work proves that noisy rivetting, so objectionable in city structural steel construction, is totally unnecessary and should be debarred by civic building codes. Such an enactment would compel engineers and contractors to adjust their erection details to do away with all rivetting on the job. That neither the strength of the work, nor the speed of erection need be sacrificed was amply proven on this job.

Advantages of the High Building

The many types of floor plans studied for this scheme indicated that more compact services to patients could be provided by going up in the air than by spreading the building over a larger area of the limited amount of ground space available between existing buildings.

This arrangement also made it possible to connect up existing departments in the old buildings with corresponding departments in the new pavilion at their respective floor levels. It also concentrates service rooms, etc., on the north side and preserves the entire south frontage for patients' rooms, which, being all on the higher floors, are further away from street traffic and have an uninterrupted view over the city and lake. These features, together with the advantage of better control of sun heat



The above plan outlines the entire layout of the Toronto Western Hospital, with new additions just completed.

temperature inside the building in summer, fully justify the radical departure from orthodox hospital planning in the orientation of the new building and carrying it to a height of sixteen storeys from the basement below ground to the solarium at the roof level, with the machinery and elevator pent houses rising still higher.

One of the chief difficulties encountered in carrying hospital buildings more than a few storeys high is to avoid complication in the arrangement of the enormous number of pipes, ducts, wires, etc., both vertical and horizontal, required for the mechanical services in this type of structure. If the floor plans can all be more or less similar the problem is simplified, but when an operating floor comes over one for X-ray departments and private and semi-private rooms are superimposed on larger wards for patients, problems arise that require very careful study in detail if the hospital administration is not to suffer.

Features of Plans

A new ambulance entrance giving more direct access to all the hospital buildings has been provided in the centre of Bathurst Street frontage under the steps that lead up from the street level to the administration floor.

The new roadway for this ambulance entrance swings off from the former Bathurst Street driveway level down and up a safe and easy grade, and the necessary re-arrangement of steps to the administration departments has greatly improved their appearance and also contributed to the safety of the public.

The driveway entrance to the new pavilion off Bathurst street provides ample parking space and an easy in and out circled road with a gentle rise that reduces the number of steps required to reach the rotunda in the centre of the south front of the pavilion.

Goods enter the north court from Nassau street, and fuel is delivered from Leonard avenue via a ramp to the coal bunkers in the new power house at the east side of the property. The location of the new mortuary at this side of the hospital admits of entrance and exit from and to Leonard avenue entirely out of sight of the main hospital buildings.

Basement Floor—Storage for all classes of supplies received from the north court via a hoist at the central goods entrance, is conveniently arranged to the new service elevator in the centre of the pavilion and to the new one in the connecting link between the pavilion and the Bathurst street building.

A tunnel also connects with the new power house, and via a ramp with the work shops provided in the old power house building, and with the mortuary and passage to nurses residence.

Ground Floor Plan—In the pavilion the main features of this floor are the new main kitchen, special diet kitchen and formula room, where all food for patients and staff is prepared and delivered to the service rooms, from which it is transferred in bulk on trucks up the service elevators, or through the tunnel to the Alexandra Wing and Nurses' Residence, or direct into the special nurses' and helps' dining rooms, or by dumb-waiter to the dining room for doctors, officials and visitors on the main floor above.

In the Bathurst street building, the space formerly occupied by the X-ray department has been added to the out-patient service and an admitting department at the

new ambulance entrance and an emergency operating suite created in the centre portion of that building.

This entrance also opens into a hallway adjacent to the new elevators serving the west end of the hospital and by corridor straight through the new pavilion connects with the Alexandra Wing and nurses' residence.

These changes in the location of the ambulance entrances have made it possible to improve and enlarge the out-patient and dispensary services on this floor.

Main Floor Plan—On this floor are the rotunda entrance to the new pavilion, business offices, combined board room and superintendent's office, physiotherapy department directly connected to one of the central elevators, doctors' coat rooms and library and the dining rooms previously mentioned.

The restrained treatment of the rotunda and central elevator halls in walnut panelling, the travertine and terrazzo floors, simple plaster decoration and the concealed panel lighting arrangement, all combine to create an impression of quietness, refinement and dignity well suited to the purpose of the building.

First Floor Plan—This entire floor is devoted to the X-ray and cystoscopic departments, also diagnostic examining rooms. The private waiting room south of the central elevators looks over the south court, and the public waiting room is adjacent to the west elevators behind the Bathurst street building.

Second Floor Plan—Three major, two minor and one septic operating room with complete facilities for surgeons, nurses, and help to do their work under the most favourable and scientific auspices possible, take up the whole of this floor.

Third Floor Plan—Complete facilities for all the diagnostic and post mortem laboratory work so necessary in modern hospital administration are provided on this floor.

Fourth Floor—The eastern end of this floor accommodates the private obstetrical department with two major and one septic delivery room and two labour rooms, together with the necessary facilities for staff work.

At the western end there is the central supply department with complete facilities for sterilization and the preparation and distribution of patients' trays to all parts of the hospital.

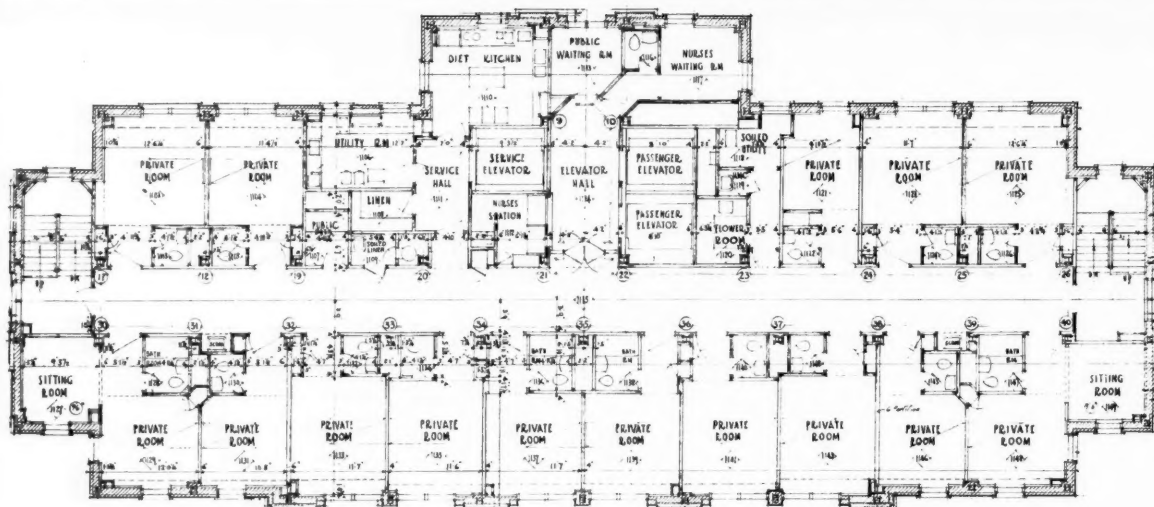
Fifth Floor—This is the lowest floor on which patients are accommodated, and it is divided into wards of from two to five beds, with screens separating each bed.

The central location of the nurses' station and all service rooms, together with the limited length of the corridors makes for easy supervision of patients with a minimum of travel distance.

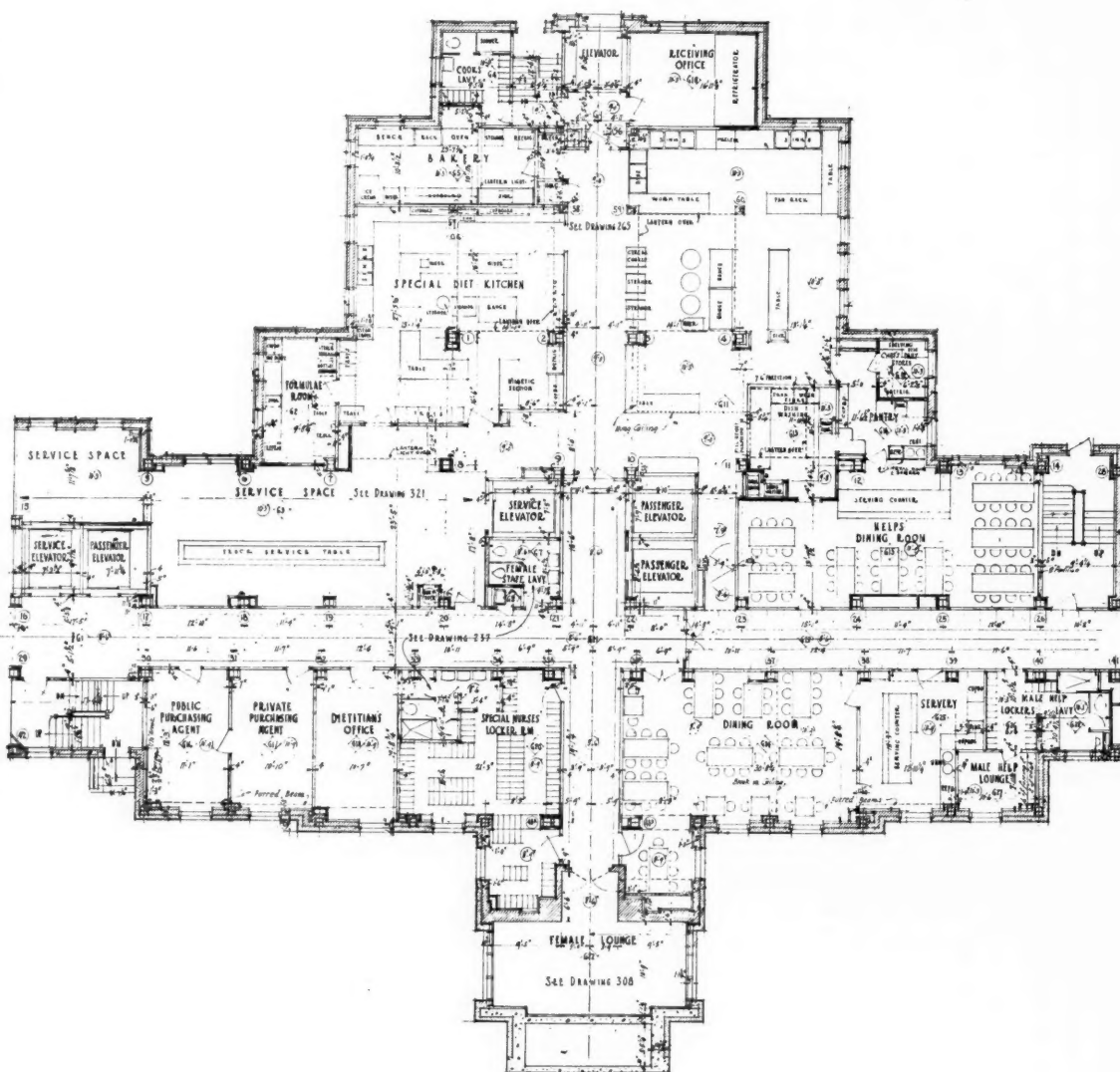
All service rooms for both clean and soiled utility work and diet services are shut off from the main corridor by additional doors leading to the supplementary corridors off which these rooms are placed, thus reducing noise disturbance, which is also minimized by acoustic treatment of corridor ceilings and upper walls, and in utility rooms, diet kitchen, etc.

Sixth Floor—This floor is devoted to private and semi-private obstetrical cases with babies' nursery department at the east end. The nursery has separate premature and isolation departments.

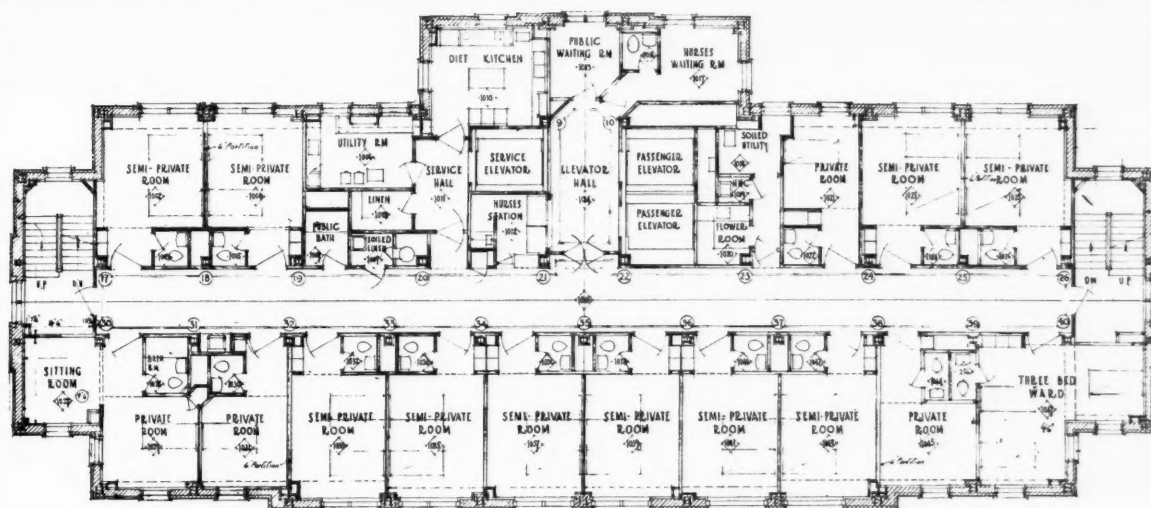
Seventh Floor—This also is for private and semi-
(Continued on page 34)



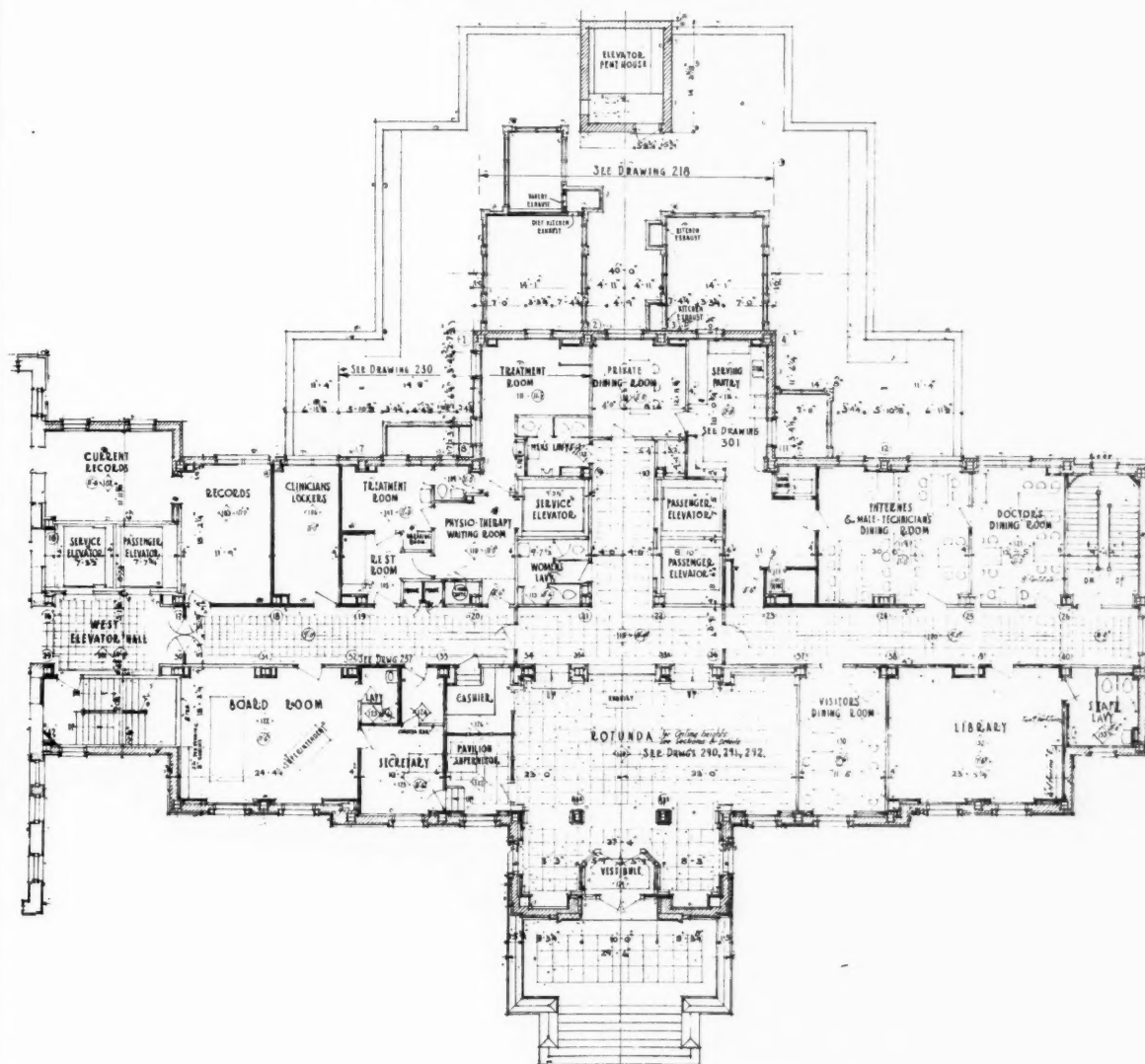
Typical Private Room Floor.



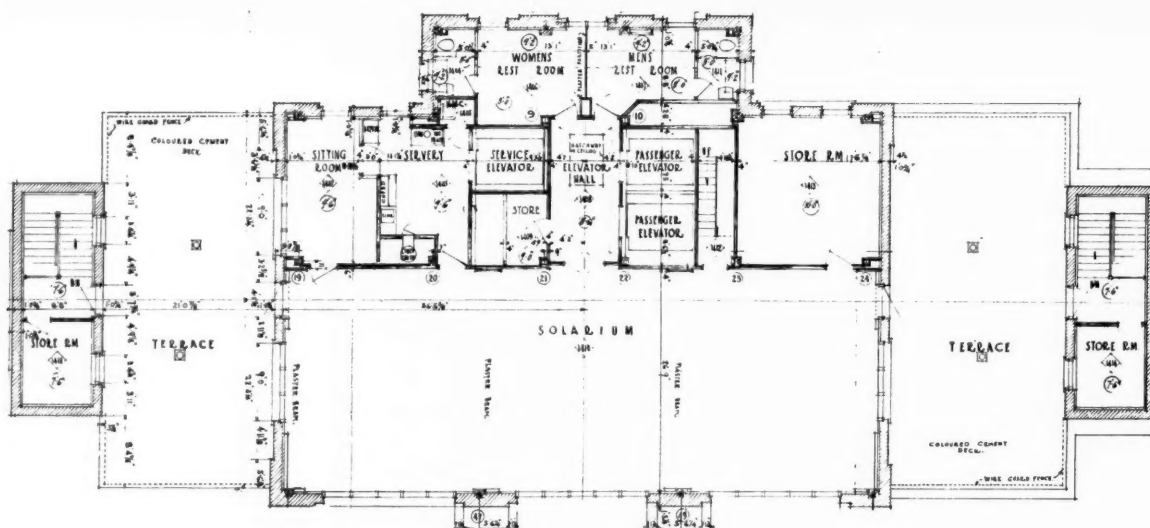
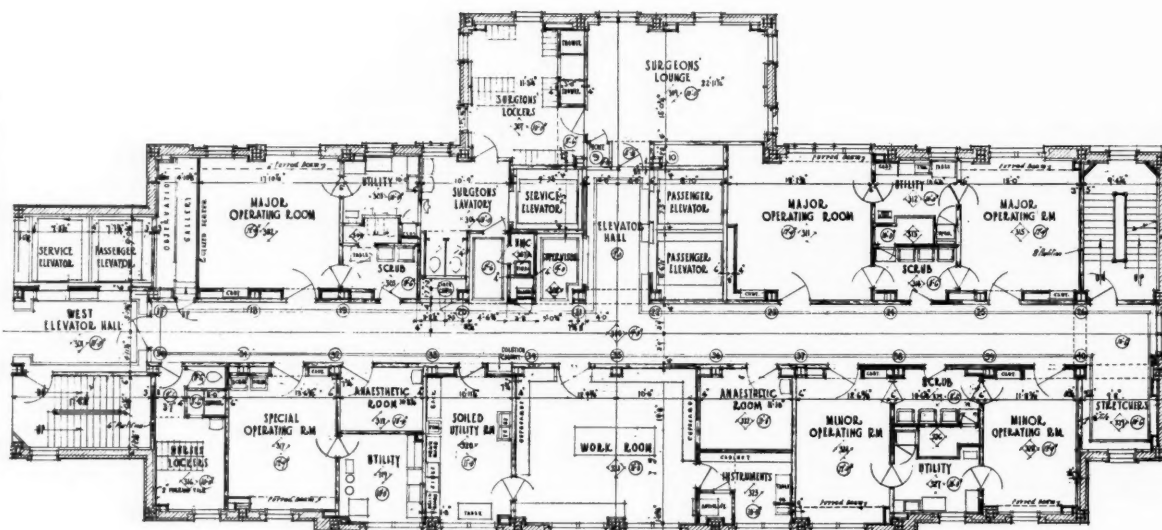
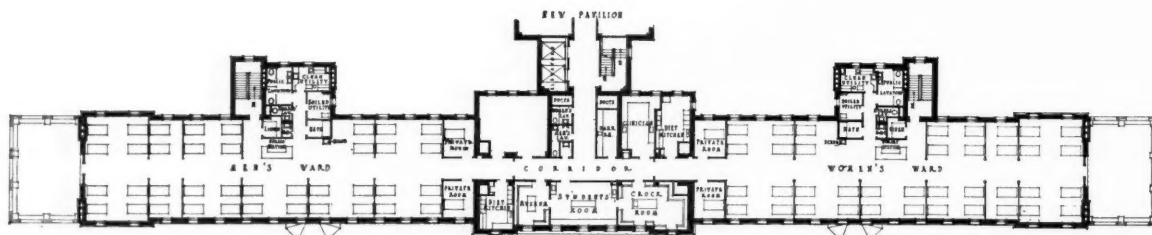
Ground Floor Plan.



Typical Semi-private and Private Room Floor.



Main Floor.

*Solarium Floor.**Surgical Floor.**New Fourth Floor on Bathurst Street Block.*

New Departures in Layout, Equipment and Furnishings at Western Hospital

By A. J. SWANSON, General Superintendent

IN deciding to proceed with the erection of the extension to our existing hospital plant, the Board of Governors decided that in as much as we must tie in our services in such a way that they would adequately service both the old and the new buildings, considerable thought should be given by our architects and consultants to the most efficient layout of our services which are common to the entire set of buildings on the site.

Operating Floor: In the case of our surgical layout we deviated from the usual procedure of locating our operating rooms on the top floor of the building, as it was felt that this accommodation was the most desirable space we had for patients. It was accordingly decided to locate our new operating rooms on the same level as the operating rooms in our present public building. In this way certain facilities for the surgeons could be made to service both buildings. By placing our operating rooms on the second floor of a fourteen storey building we, of course, complicated to a considerable extent the question of ventilating ducts and pipes of all sorts for the necessary services. It was felt, however, that the gain in efficiency would more than offset the additional cost.

A review of the floor plans will show our surgical set up with six new operating rooms and all necessary services in the new building. At the west end of the new building, which adjoins the public building, is located a large operating room with glass enclosed observation gallery. At this end we have also located a septic operating room complete with all facilities. These two rooms are available for use either from the public building or the private addition. Private operating rooms are located in the east end of the new addition on the same second floor level. Complete surgeons' lounge, locker room with shower baths and wash-up room are available in this surgical suite.

We have centrally located our soiled utility and nurses' work rooms, and instrument room, so that this unit can



Mr. A. J. SWANSON

service the entire operating room floor with a minimum loss of time. There is also centrally located in the corridor at the nurses' work room, a thermostatically controlled solution cabinet in which solutions are always available at the correct temperature for the various operating rooms.

Obstetrical Department: On the fourth floor of the new building are located the obstetrical case rooms and all necessary services. These obstetrical rooms are acoustically treated throughout and are self-contained. The set up is very similar to the surgical floor, there being two labour rooms with all necessary facilities for the comfort of the patient; two delivery rooms with necessary scrub and sterilizing room; one septic delivery room, self-contained; surgeons' lounge and locker room, and nurses' locker and workrooms.

At the west end of this floor is our Central Supply installation, which is a complete unit, quite by itself.

X-Ray Department: The X-ray department for the entire plant is located on the First Floor of the new addition, connected with the public building at the west end. Public and private waiting rooms are provided with elevator facilities to each. This department is so laid out that there is ample equipment available for every type of X-ray procedure, including deep therapy. In addition to the Radiological Department, the Cystoscopic examining rooms are located on this floor and are fully equipped in every way with complete X-ray apparatus, high frequency cutting knives and very latest type of hand operated and power operated cystoscopic tables. All electric control and water outlets are carried in conduit underneath the floor and come up at a central point in the table so that there are no tubes or wires of any kind surrounding the tables, leaving the space absolutely free for the surgeons and nurses working in these rooms.

There are many new features embodied in our X-ray equipment, some of this equipment having been developed for our particular layout. We feel that the set up as it

exists will provide for the utmost in the way of efficiency. As this is a highly technical department a great deal of thought was given our problem by the X-ray manufacturers who co-operated to the limit with our Director of Roentgenology.

Laboratories: The laboratories for the entire plant are located on the third floor of the new addition, and here again we are tied in with the same floor in our Bathurst Street building. This department includes Pathology, Bacteriology and Bio-Chemistry. A great deal of time was taken in the layout of these departments and equipment of the very latest type was provided for the use of those in charge of the departments. It is felt that with the efficient equipment available that the requirements of the greatly enlarged hospital plant will be adequately taken care of.

Central Supply: We have installed complete central supply set up with service elevators from each building opening directly into this department. It is planned that all treatment trays for the wards will emanate from this central point and will be returned for cleaning and replenishment after use. Separate glove room, solution room, sterilizing room, clean up space, storage space for goods ready for issue to the wards and work room have been provided. In the space devoted for goods ready for issuance, there is a thermostatically controlled solution cabinet where solutions will be available at all times for issue to the wards, kept at the correct temperature ready for use.

It is felt that by centralizing all supplies and having the one staff prepare solutions and handle all supplies and treatment tray sets, that a very definite saving will be affected.

Food Service: The problem of our food service was studied carefully. Installations in various parts of Canada and United States were observed with a view to arriving at the very best method for a high building of this type. It was felt that while subveyors with central service are excellent for certain buildings, in a high building it might be difficult to maintain proper temperature for foods with that type of service. It was accordingly decided that service pantries would be installed on each floor with a complete set up of urns, tray racks, heated dish cabinets, hot plates and refrigeration, with high-speed elevator operating direct from the kitchen on the ground floor to each of these service pantries. Electrically heated food conveyors of the latest type are provided, one for each floor. The food is loaded from refrigerated or steam heated service tables in the kitchen to the electrically heated food

conveyor and transported to the various floors and the food distributed from that point. The only exception to this is that all special diets are served directly from the special diet kitchen on the ground floor to patients throughout the hospital.

Kitchens: The kitchens are located on the ground floor having adequate light and forced ventilation. Fresh air is drawn into the kitchen at various points and when necessary heated or cooled. This air is also brought in over each door in the kitchen so that the possibility of odours escaping into the hospital at this point is reduced to a minimum. The exhaust from the kitchen is to the 15th floor penthouse. All equipment in the kitchen is of stainless steel and monel. The very latest types of steam cookers and other appliances have been installed. The

bakery is a separate unit. All stores and refrigeration are located on the floor below the kitchen, individual refrigerating units being used at various points in the kitchen for storage of smaller quantities of supplies.

The kitchen is laid out for the efficient handling of food with a minimum loss of movement.

Oxygen Therapy: Arrangements were made for direct piping of oxygen to patients' rooms on three floors. The outlet for this oxygen in each patient's room is in a locked cabinet flush with the wall. This supply of oxygen has a master valve control for the various floors and it is felt that it will eliminate the great difficulty of transporting heavy oxygen tanks to the patients' rooms for the servicing of oxygen tents or intra-nasal catheter

administration. Individual units are available controlling the supply of oxygen where intra-nasal catheters are used.

Nurses' Call System: Our call systems have been extended in order that more adequate service might be given to patients. On two floors we have installed an auxiliary dictograph nurses' call. This system must be considered as auxiliary to the regulation nurses' call which operates by means of a push button at the patient's bedside. This button illuminates a light over the patient's door, the room number being flashed at the nurses' station and also in the special nurses' room. In addition, on two floors a dictograph has been installed which permits the nurse to immediately speak to the patient as soon as the room number is flashed and ascertain from the patient what is required without the necessity of going to the patient's room. It is not necessary for the patient to pick up any

(Continued on page 32)

APPRECIATION

To the Board of Governors who conceived, and by their inspiration and the provision of funds, made possible the erection of this much needed addition to the hospital—

To the Architects and Consultants who developed their ideas and incorporated our thoughts which have resulted in a most effective lay-out—

To the Contractors and their Workmen who carried out the Architects' plans, and by their unflinching co-operation made it possible to erect the new addition with a minimum of discomfort and disorganization—

To the Manufacturers and Suppliers of equipment and furnishings who co-operated so wonderfully in developing new ideas in order that the plant might be most modern and up-to-date in every particular—

To the Staff who contributed so unstintingly of their ideas, and who co-operated to the limit in working under adverse conditions during construction—

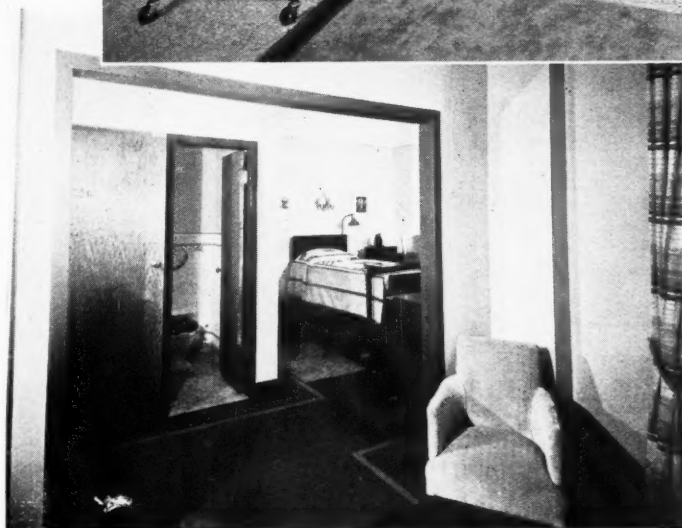
To the Patients and Visitors who co-operated so willingly, which permitted us to carry out alterations and other necessary work with a minimum of complaint—

To the Many Friends we have made during the construction and furnishing of this addition, and who have made it such a pleasure to be associated with them—

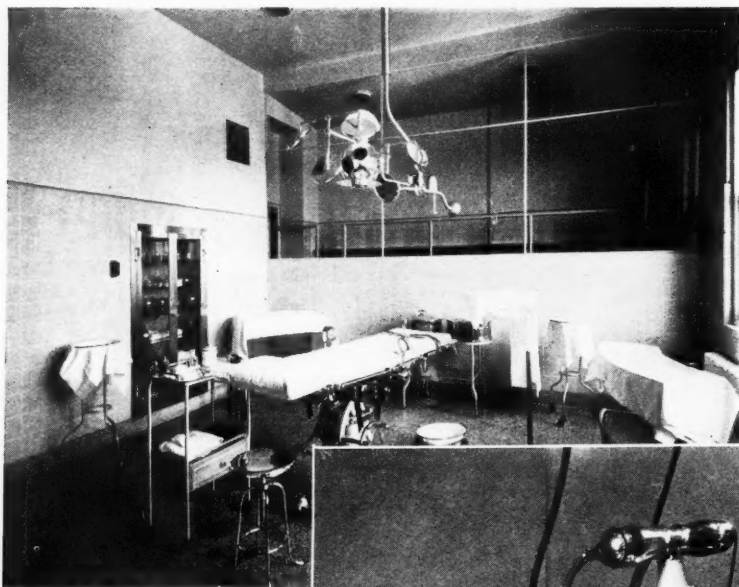
To All we extend our sincere thanks.

A. J. SWANSON, General Superintendent

At Right—Private patient's room, showing alcove sitting room.

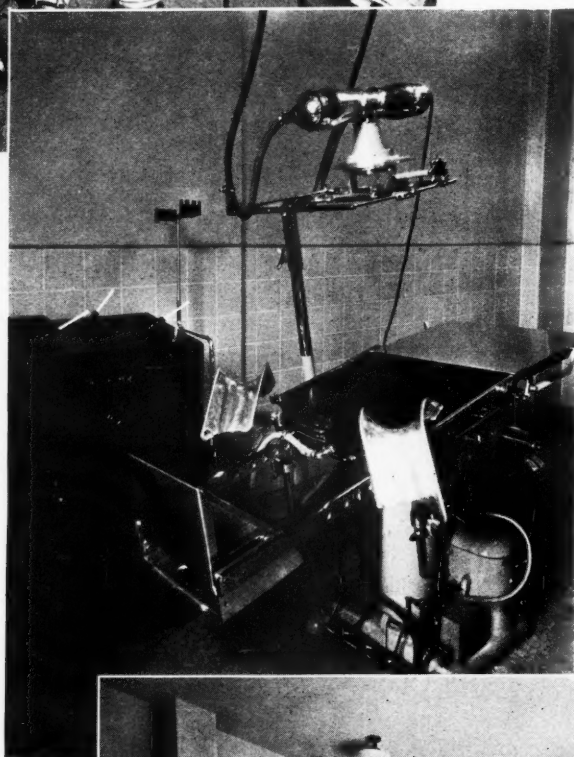


Above and at left are views of private patients' rooms.



Technical Equipment is of the Latest Design

One of the major operating rooms with observation gallery.



Cystoscopic operating room with power operated table and high frequency knife equipment.

Nurses' work room for operating suite.



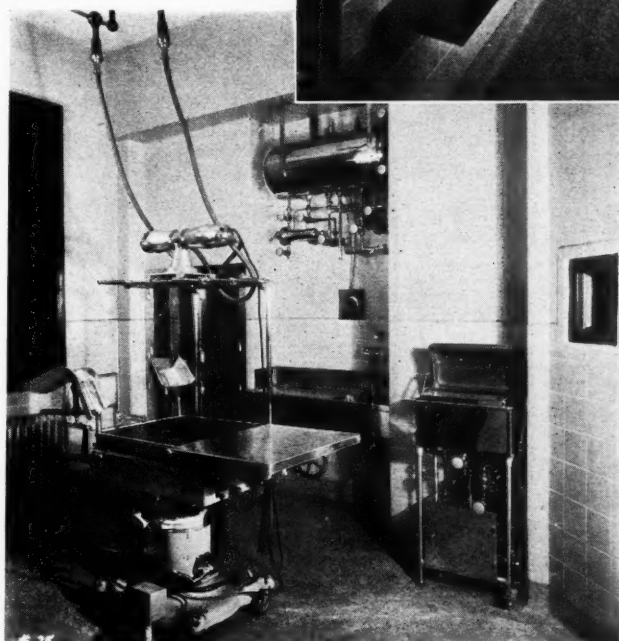
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WESTERN
HOSPITAL

*Every Facility is Provided
for Staff*

*Main sterilizing equipment
in central supply depart-
ment.*



*Sterilizing room be-
tween operating rooms
of surgical suite.*



*Cystoscopic operating room
showing sterile water sup-
ply.*

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WESTERN
HOSPITAL



*Comfort and Convenience
is Keynote*

*The Board room and
superintendent's office are
combined.*



*Lounge in surgical
suite on second floor.*

*A view of the main entrance
rotunda.*



THE
TORONTO
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HOSPITAL

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This modern and practical private room furniture, especially designed for, and installed in, The Toronto Western Hospital, New Pavilion, incorporates many new facilities and improvements in design, providing greater comfort and convenience for patients, and setting higher standards of efficiency with lower operating costs.

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On a Fine Achievement

Simpson's congratulates the Board of Governors of the Toronto Western Hospital for extending its service in the care of the sick, and for providing such excellent additional facilities through which to promote the public health.

Every modern facility for the treatment and care of the patient has been provided in the new extension, and it is noteworthy that this has been accomplished within a moderate allotment per room.

Simpson's was privileged to assist the Administration of the Toronto Western Hospital in designing numerous pieces of special equipment for the various departments of the new Pavilion. It also carried out the complete furnishing of private and semi-private rooms, the board room, main rotunda, nurseries and various other rooms.

Below: Section of the Board Room and Superintendent's Office, furnished in a refined moderne manner.



Simpson's

HOSPITAL CONTRACTORS



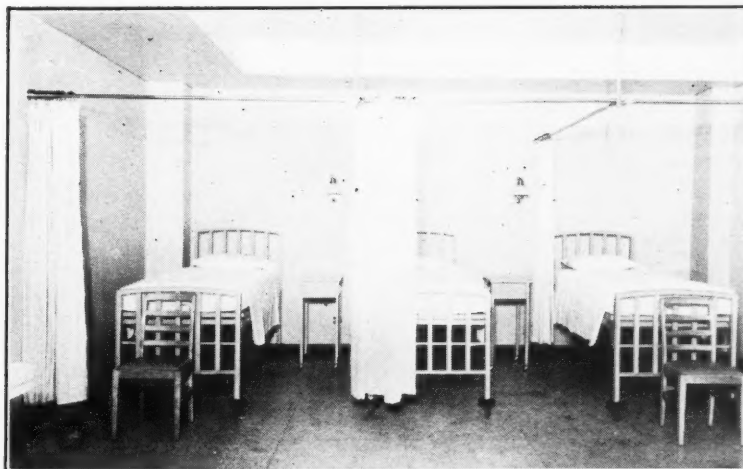
*New Pavilion,
The Toronto Western Hospital.*



Above: A section of the spacious Rotunda. The furnishings were designed to tie in with architect's detail.

At Left: Typical private room. A bright, cheery, home-like atmosphere has been successfully reproduced.

Below: Part of a five-bed ward; again bright shades, spacious, with individual bed curtains.



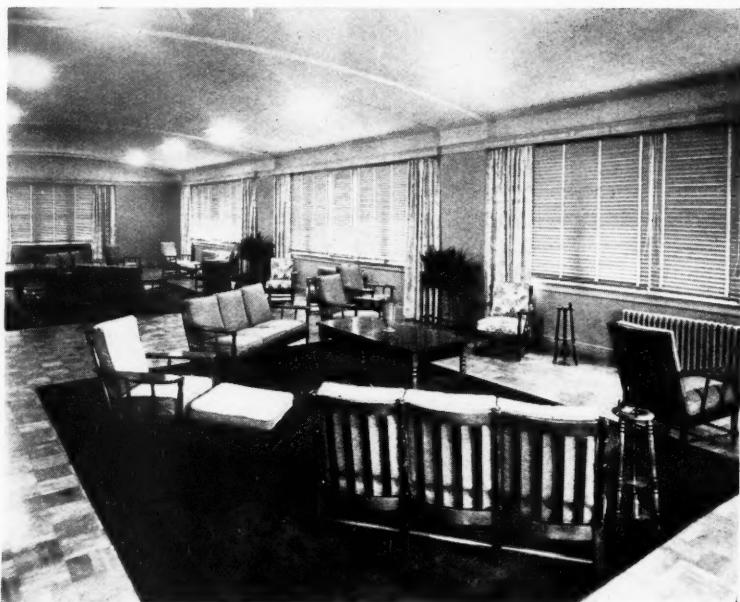
son's

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*Solarium on fourteenth
floor for the use of con-
valescing patients.*

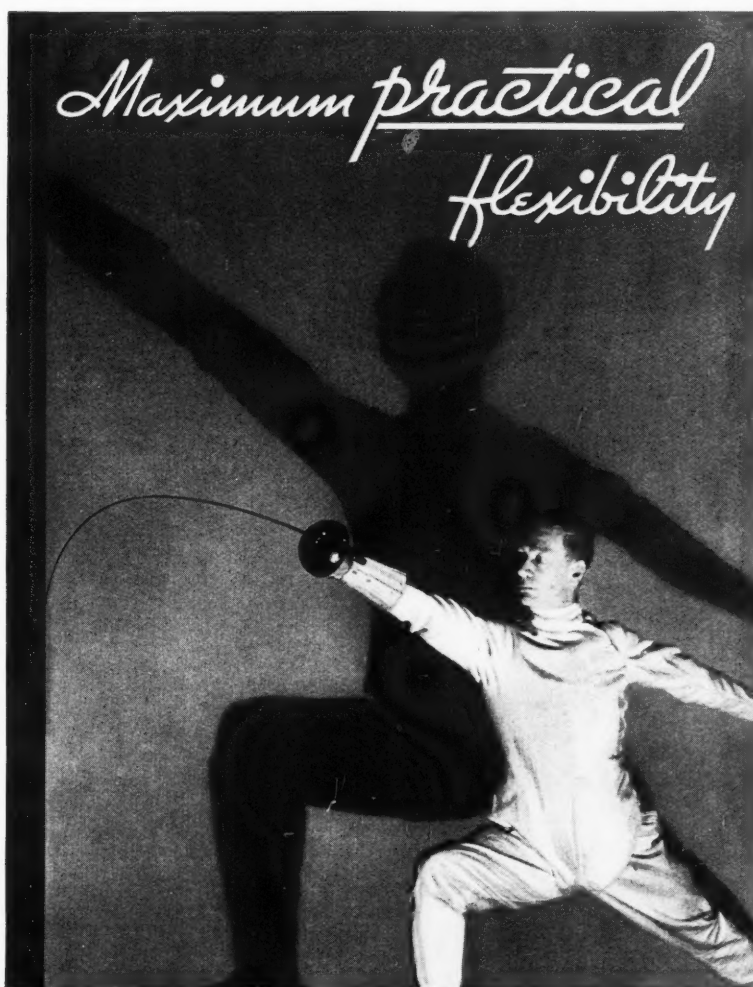


*Staff doctors' lounge
and reading room.*



*Private patient's room with
sitting room adjacent.*

THE
TORONTO
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HOSPITAL



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- There is no compromise in sterility . . . like all D&G sutures, Thermo-flex catgut is subjected to rigorous heat sterilization.
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- Its moisture content is normal. Water logged catgut is unstable, with a progressive deterioration in strength.

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Please refer to THE CANADIAN HOSPITAL when writing

New Departures in Layout, Equipment and Furnishings at Western Hospital

(Continued from page 22)

other equipment such as a telephone or any hand piece but merely voice her request. The initial pushing of the button brings this equipment into play. All floors have been wired for this equipment but actual installation has only been made on two floors.

Doctors' In-and-Out Signal System: The doctors' in-and-out signal system has been extended to take care of return calls. This signal board with individual name plates is located in the corridor at the doctors' lounge on the main floor. A similar board will also be located at the Bathurst Street entrance. The master board is located at switchboard. The onus is placed on the doctor to press his own button, which illuminates his name plate indicating that he is in the building. This immediately illuminates the panel at switchboard. If he is shown as being in the building and switchboard has a call for him and is unable to locate him, she has what is called a return call button attached to her board which she presses and which brings a light into operation on the board where the doctor originally registered. This light remains lighted until the doctor registers out. He will then notice that there is a call for him and will communicate with switchboard. It should be noted that the onus is placed on the doctor to register in and out.

Telautograph: We have installed a telautograph system throughout the building, stations being located at the admitting desk, in the main rotunda, admitting department on the ground floor, every nurses' station in the private building, X-ray Department, operating floor, obstetrical floor and dietary department. This system will be extended to cover also the transmitting of doctor's messages, installation being at switchboard where by the throwing of one key and the writing of the particulars of the message it is automatically flashed to every station in the building and passed to the doctor wherever he happens to be at the moment. It is felt that this system will save a great deal of time in the transmission of messages, admission and discharge of patients and dietary extras, etc.

Air Conditioning: Air conditioning equipment, which includes the humidifying or dehumidifying of all air, has been installed for the treatment of air in the operating rooms, obstetrical rooms, fracture room, cystoscopic rooms and all nurseries. In addition, outlets have been provided in a number of the patients' rooms for air conditioning equipment which will permit the lowering or raising of the temperature 10° either way from normal. There is also an air outlet from every patient's room whereby the air is withdrawn by means of suction pumps situated on the 15th floor pent house.

Room Furnishings: A great deal of study was given to the question of furniture for the patients' rooms. It was felt that it would be well worth the effort to see that each piece of furniture was planned for the particular place which it would occupy. How often have we seen hospital rooms that have been nicely planned but when buying furniture, equipment of an unsuitable type was placed in the rooms which defeated the purpose the architects had in mind when designing it. A room is so often spoiled by having furniture selected just a little too large to fit

properly into the space provided, as it must be borne in mind that adequate space should be left for the purpose of handling patients in the room.

The result in the case of our new addition has, I think, been well worth the effort, as with specially designed furniture we seem to have more space than the actual room size would indicate. When we intimated to the manufacturers that we wished furniture especially adapted for our rooms we found them more than willing to co-operate with us, as they felt it was to their advantage, as well as our own, to have properly proportioned furniture, which created a harmonious room. Our bedside table and over-bed table were designed with one thing in view and that was to give the patient the maximum in the way of comfort and facility. All furniture has been planned to give service with a minimum of maintenance cost. We have used burn-proof tops on our tables and dressers and the furniture is rubber bumpered throughout. All our room furniture and other equipment was made up in a design and colour scheme which was in harmony. Our wall colours have been kept to the pastel shades in an effort to get a quiet colour harmony which would have a soothing effect on the patients. We have had bright pictures placed in each patient's room; those responsible for the room decorations felt that bright flowered prints would be the most satisfactory as they are of a nature that a patient would not tire of very readily.

Rooms are equipped with Venetian blinds and coloured drapes. The selection of drapes was placed in the hands of a small committee of ladies interested in the hospital, and they have achieved a very charming effect in these rooms.

Windows are all of the tilting type so that there need be no direct draft on the patient, but adequate ventilation is provided by means of the tilting feature. Each window is screened, full length, with a special type of screen which permits of easy removal when it is necessary to completely reverse the windows for cleaning purposes. This reversible feature does away entirely with the necessity of window cleaners working on the window sills and also does away with the necessity of installing window cleaning hooks.

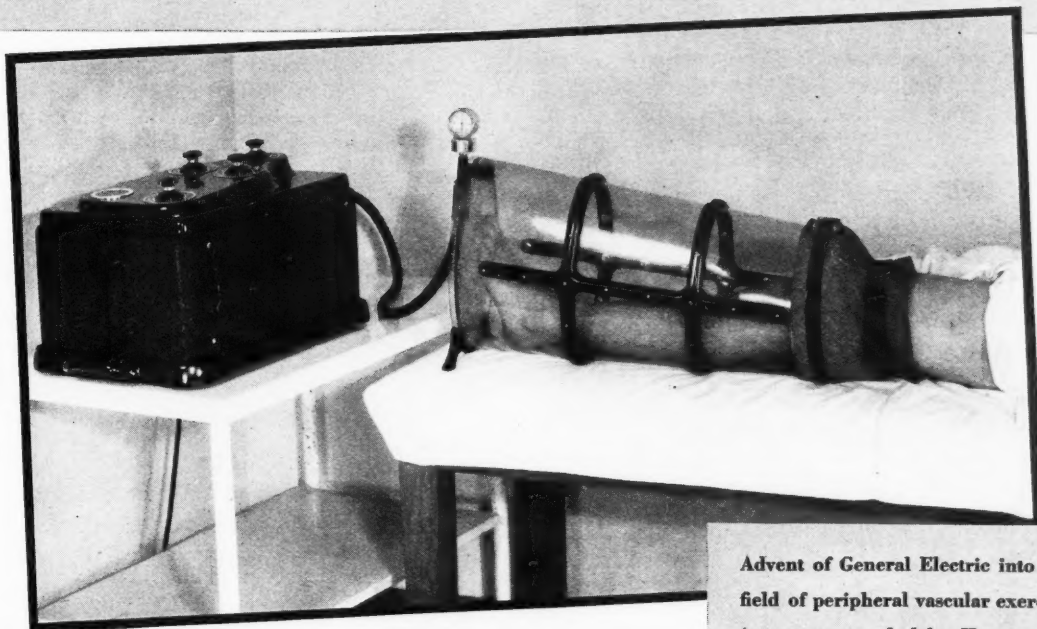
Each room has a toilet and wash basin and a number of rooms are also equipped with tub baths and shower baths. It was considered advisable to eliminate the ordinary type of toilet with flushometer valves, which are more or less noisy, and install toilets of a quiet type, with bedpan lugs and bedpan washing attachment. There is also a medicine cabinet immediately over each wash basin.

Electrical Outlets: We asked the electrical engineers to eliminate in so far as possible objectionable wires leading to various lights or other devices. We accordingly had all our outlets including night light, nurses' call, radio plug, telephone, and plugs for the use of X-ray or Physiotherapy treatments, on one single panel. We feel that this has made a very compact and satisfactory job. All rooms have been so designed that they make adequate private rooms or they can be immediately converted to semi-private. All fixtures and signals have been laid out on this basis.

Connection is provided for radio in each room panel and on request of patients they are permitted to use small

(Continued on page 34)

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Have complete vision of the part under treatment. **HEMOLATOR** boots are made of cellulose acetate material with sturdy braces and end-rest.

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Advent of General Electric into the field of peripheral vascular exercise (as recommended by Herrmann, Gibbon, Reid, Landis, de Takats, Krusen et al.) will give impetus to this new and very valuable therapeutic measure. Avail yourself of the benefits already known and of the many which will be revealed by further research.

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Please refer to *THE CANADIAN HOSPITAL* when writing

The Toronto Western Hospital Extension Provides Modern Facilities

(Continued from page 17)

private cases, and there is another nursery at the east end.

Here, as on other patients' floors, there is a small waiting room for friends and relatives just off the central elevator hall, and also a sitting room with lavatory for special nurses when not on duty.

Eighth to Eleventh Floors—These are typical floors for patients with private and semi-private rooms, a few of which have sitting room alcoves off private rooms with bath room en-suite. These alcoves can be used by the patients during convalescence, or by the special nurse or relative. They also make it possible to convert the suites into semi-private accommodation should the demand for beds necessitate such an arrangement.

Twelfth Floor Plan—This floor is laid out for children with private rooms and three-bed wards and a play room in the centre of the south front.

Solarium and Roof Terraces—Commanding a magnificent view all over the city and lake front, the large solarium is one of the features of the hospital. With sitting rooms, coat and food service rooms adjacent, and roof terraces east and west, convalescing patients will find this accommodation quiet and restful.

For staff meetings or luncheons and other functions this floor with its remarkably good acoustical conditions will meet a long felt need in the hospital.

New Fourth Floor on Bathurst St. Building

Public wards in the north and south wings will each accommodate 38 patients, with the beds divided into groups of two and four by glazed screens. There are two private quiet rooms adjacent to each ward with the necessary staff service in the utility wings to the east off each ward and others in the centre portion of the building.

Construction of Buildings

Special attention was given by the architects to the rate of heat transmission through and the heat capacity of the structural walls, together with heat loss through windows.

Specially made insulating blocks were used for the backing of the walls, and to this cork was added.

Windows are double glazed, caulked and weather stripped.

Lighting fixtures of high efficiency, specially designed for this hospital, reduce power consumption in some departments by about fifty per cent, as compared with standard practice.

These carefully-worked-out details combine to reduce heat, light and power consumption, which is one of the few factors in hospital management, the cost of which can be lowered from accepted standards.

Govan, Ferguson and Lindsay, Architects.

Harkness and Hertzberg, Consulting Structural Engineers.

H. H. Angus, Consulting Mechanical Engineer.

New Departures in Layout, Equipment and Furnishings at Western Hospital

(Continued from page 32)

portable radio with loud speaker. We feel that this type of radio is much more enjoyable to the patients than ear

phones, and it also permits of a better selection of programmes. We have never experienced any difficulty, if a radio is objectionable to other patients, in having it toned down or closed off entirely. We do find that the patient when convalescing receives a great deal of pleasure from his or her radio installations. A number of portable units are available in the hospital for the use of the patients. Each room is equipped with cradle type of telephone.

Solarium: The 14th floor of the new extension is set up as a sunroom with open sun decks at either end. This is a large room 28 x 78 with glass on three sides. It is furnished in a very pleasing manner with bright chintz covered furniture and bright drapes. There is a complete service pantry adjacent and wash rooms are also provided. This room is for the use of patients or for any functions for which it might be required. Our doctors hold staff meetings and their monthly staff luncheon in this room. It will no doubt prove a very valuable asset to the hospital.

Lighting: Wherever possible we have eliminated hanging fixtures and have installed flush type lighting with reflectors, in order that we might secure the very maximum efficiency in lighting with a minimum of power consumption. The corridor lighting is particularly effective, being lighted from the sides of the corridor at the splade ceiling and not in the usual way from the centre of the corridor ceiling. This gives us an even illumination down the full length of the corridor.

In the rotunda we have used a specially designed ceiling type of fixture and in addition panel lighting, using the new English tubular light for this illumination.

In our planning we have provided for all necessary services for the entire plant of 515 beds and 61 cots. This will replace all the beds which may be lost by the closing of our Grace Division and an additional 100 beds. It will also permit us to change our set up of accommodation in as much as we can now have public, semi-public, semi-private and private beds. The main building on Bathurst Street is being altered in many respects, the old elevator and stairways being entirely removed from the centre of the building and this used as rotunda space. The outpatient departments are being completely remodelled and the ward service on each floor is being increased and 80 beds added by means of an additional floor to this building.

I have merely touched on some of the special features of this building, as we felt that with the very great development in hospital equipment of all kinds that every advantage should be taken of any new ideas which have become apparent in the last two or three years. We feel that hospitals become obsolete all too soon and that if we are to maintain efficiency that we should keep abreast of the newer developments when an opportunity presents itself to equip a new building.

To Purchase X-Ray Equipment

Under discussion for two or three months, decision to purchase a new X-ray machine for the Regina General Hospital at a cost of approximately \$5,000 was made at a special meeting of the house committee of the hospital board, on December 13th. It is expected that the machine would be installed some time in January.

A BRIEF REVIEW OF THE RESEARCH ON BRAN

WHAT are the scientific facts on bran? To answer this question, the Kellogg Company has aided, for some years, research in leading university laboratories. The results, combined with other independent scientific tests, give you an accurate picture of this product:

Research has established the effectiveness of bran in correcting constipation due to insufficient "bulk." (1)

Other studies indicate that bran is a wholesome food for normal people, and that the laxative effect of bran is not reduced by continued use. (2)

Laboratory measurements (3) have demonstrated that bran is a good source of vitamin B, and (4) that it is rich in available food-iron.

Further tests have demonstrated that, with some individuals, the "bulk" in fruits and vegetables is largely broken down in the alimentary tract. This does not happen with bran. As a result, it is often the more effective source of "bulk." (5)

Kellogg's ALL-BRAN is usually more satisfactory for correcting atonic constipation than the continued use of medicines. A few individuals have diseased or highly sensitive intestines. In these special cases, any form of "bulk" is, of course, contraindicated.

Kellogg's ALL-BRAN may be served as a cereal or made up into muffins, waffles, breads, etc. Sprinkle over soups, salads, or other cereals. ALL-BRAN is much more effective than part-bran products. Eat this delicious cereal regularly for regularity. Sold by all grocers. Made by Kellogg in London, Ontario.

. . .



(1) *Laxative Effects of Wheat Bran and "Washed Bran" in Healthy Men*, pages 1866-1875, *J. Am. Med. Assn.*, May 28, 1932.

(2) *The Influence of Bran on the Alimentary Tract*, pages 133-156, *J. Am. Dietetic Assn.*, July, 1932.

(3) *Wheat Bran as a Source of Vitamin B*, pages 368-374, *J. Am. Dietetic Assn.*, March, 1932.

(4) *Factors in Food Influencing Hemoglobin Regeneration*, pages 593-608, *J. Biological Chem.*, June, 1932.

(5) *Further Studies on the Use of Wheat Bran as a Laxative*, pages 795-802, *J. Am. Med. Assn.*, March 18, 1933.

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A Study of the Mechanical Equipment at Toronto Western Hospital

By H. H. ANGUS

A STUDY was made of the existing power plant before the new building was started, and it was found that the present plant could only be extended at considerable cost, and that a new plant could be built in a better location. It was decided that the increased efficiency would warrant the cost of the new plant. Accordingly a new power plant has been built close to Leonard Avenue, and it is arranged so that coal is delivered from Leonard Avenue and ashes removed from the same location. The chimney for the new plant has been carried to a height of 235 feet, which is about 30 feet higher than the highest part of the new building, so that there is no danger of flue gases from the chimney entering the hospital buildings.

The new hospital is located directly over the old tunnel through which steam, hot water, etc., were carried to the present hospital on Bathurst Street. During construction of the new building these lines were carried through a temporary passageway, but they are now installed in a new passageway in the basement of the new building. Branches off these lines supply the new building.

The new addition is heated by a controlled sub-atmospheric steam system using direct radiators in the rooms. As heat is often required in such rooms as operating rooms when the rest of the building requires no heat, a separate system is used to heat these rooms independent of the main heating system. This system is also used to supply heat to the fan coils which are used for heating the air for ventilation. An exhaust system of ventilation is provided for all patients' rooms, and the air for these rooms comes in through the open windows. Complete ventilation is provided for all operating rooms, laboratories, etc., and automatically controlled air conditioning is supplied for the nurseries. In most hospitals the operating and obstetric rooms are located on the upper floors and the fans and other ventilating equipment can be located close to them. In the new pavilion the operating rooms are on the second and fourth floors of a 14-storey building, and a considerable amount of space would be taken up by ducts if all fans were located on the roof. By locating the fan room on the roof of the present Bathurst Street building the ducts were short in length, and a considerable saving was made in space and duct-work.

An unusual feature of the new building is that provision is made for heating or cooling several rooms on each floor so as to maintain them at a different temperature and humidity from the other rooms. This will be done by moving a portable unit into the room to be used and connecting it to special services provided in these rooms. It is expected that a room can be kept at least 10 degrees warmer or cooler than the general temperature of the building and at comparatively little cost; and also the humidity in such rooms can be maintained at any desired point.

(Continued on page 54)

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...a Triumph of Modern Construction

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Vo. 13

JANUARY, 1936

No. 1

High Standards for Internship in Canada must be Maintained

RECENTLY Canadian hospitals, "approved" or "recommended" by the Canadian Medical Association for internship, have been receiving an increasing number of applications from graduates of United States' medical schools. However, a number of the United States' applicants have been graduates of unapproved or unrecognized schools. The Council on Medical Education and Hospitals of the American Medical Association has been withholding approval for internship from those hospitals accepting graduates of unapproved or unrecognized medical schools for internship. Consequently, graduates of these unrecognized schools are crossing the border and obtaining positions in our Canadian hospitals, on account of the shortage of interns in the Canadian hospital field.

On recommendation of the Committee on Approval that the standard for internship in Canada be kept at a high level, the Executive Committee of the Canadian Medical Association, at its last session, authorized the revision of the basis of approval to include the following clause:

"All interns from the United States must be graduates or final year students of approved (A.M.A.) medical schools."

This does not limit appointments to Canadian graduates. For a number of years, there has been a beneficial interchange of graduates between the two countries, and all of our Canadian medical schools, we are glad to note, have been approved by the Council of Medical Education and Hospitals of the American Medical Association. This standard is recognized in both countries in the evaluation of medical schools. A list of approved, unapproved and unrecognized medical schools on this continent, has been furnished recently to all hospitals on the "approved" and "recommended" lists.

Leonard Shaw to Edit The Canadian Hospital



LEONARD SHAW, B.Sc.

We are pleased to be able to tell our many readers at this time that, in the reorganization plan now being effected, Mr. Leonard Shaw, B.Sc., of Saskatoon, will assume the editorship of this Journal. In the new and closer relationship about to be established between the Canadian Hospital Council and this Journal, the

How Does Your Hospital Rank in Percentage of Autopsies?

THE subject of autopsies is being given more and more consideration in our more scientific institutions. It has long been recognized that one of the best indices of scientific development in a hospital is its percentage of postmortems. Leaders in the medical profession realize that medical progress can only be achieved by a constant study of pathology, and it is realized by hospital administrators and trustees that that hospital, the members of whose staff have the greatest knowledge of disease in its various manifestations, is most likely to give its patients its finest and most efficient medical service.

Most of our larger institutions and many of the smaller ones maintain an autopsy percentage of between 30 and 50% of all deaths, and some hospitals achieve 60 to 70%. A comparison of the reports furnished by our hospitals for some years back would indicate that in most hospitals this percentage has gradually risen and in some hospitals has risen very rapidly.

It is of interest to note that the Committee on Approval of Hospitals for Internship of the Canadian Medical

Executive of the Council has found it necessary to consider so many factors and details that it is not possible in this issue to announce the full editorial board, an announcement which it is hoped can be made in the next issue.

The selection of Mr. Shaw as editor is a happy choice. Mr. Shaw has had an unusually wide experience for a young man. Some years ago he studied medicine in an English University, but, during his undergraduate years, he decided to change over to engineering and graduated with the degree B.Sc. Coming to Canada he became interested in hospital administration and after some experience in small hospital work on the prairie he became superintendent of the hospital at Swift Current, Saskatchewan. While this thriving centre probably had its name long before the arrival of Mr. Shaw, his tempo of progress may have been inspired by this association, for shortly he was called to Moose Jaw as manager of the City Hospital, becoming its superintendent in 1931. Two years later he was appointed superintendent of the City Hospital at Saskatoon.

Mr. Shaw will bring to the editorship of this magazine a close personal knowledge of the problems of both small and large hospitals, a creative genius, an enthusiasm and an organizing ability which have already carried him to marked prominence in the hospital field, a mind well trained to cope with the diverse difficulties of hospital editorship, and a fluent pen. The Canadian Hospital Council and The Canadian Hospital are indeed fortunate in the choice of Mr. Leonard Shaw of Saskatoon as Editor.

Association has decided this year to raise its minimum required for autopsies from 10 to 15%. This will have no effect on the list of approved hospitals, as anticipated, as practically all of them have a much higher percentage at the present time. While some prejudice against post-mortem examinations still exists and in some communities it is fairly well marked, there does seem to be less and less of this prejudice as time goes on, and in fact the public prejudice on the whole is much less than is thought to exist on the part of many doctors. Some hospitals, otherwise quite efficient, will operate for months without an autopsy, except perhaps on the occasional case. Many obscure cases of disease could be elucidated and the knowledge impressed upon an entire medical staff for the benefit of their future patients, but the opportunity is frequently missed simply because no one sought the autopsy permission. True, autopsies do require some work on the part of the pathologist or the doctor making the examination and sometimes the disclosures are embarrassing to the physician in charge, but these are the moral obligations of the profession and must be assumed in what should be an endless search for truth.

There are several factors that should be borne in mind when a hospital staff undertakes at the beginning of a new year to follow more scientific methods of study.

The approach to the relatives for the proper permission to do an autopsy presents a psychological problem, and everyone concerned, when making such approach to relatives, should appreciate that fact. If the hospital has interns, each and every intern should be made acquainted with the right and the wrong way of asking permission for a postmortem examination. The subject might well be discussed at a staff meeting, so that the doctors themselves will be made enthusiastic for such further study of their patients. The superintendent should also appreciate the importance of these studies.

Of paramount importance is the necessity of gaining the co-operation of the local undertakers. As a general rule, the morticians are antagonistic to autopsies, partly because of the delays which follow in obtaining the release of the body, and partly because of the added difficulties in embalming, because of the disrupted vascular system. The first objection can be minimized by a willingness on the part of all parties concerned to complete the autopsy as soon as possible, even though it may require an evening or an early morning session. The second objection is one which can be overcome, if all who perform autopsies would agree to perform them in such a way as to be of least inconvenience to the undertaker. All large severed vessels should be carefully tied, skull caps should be so replaced that they cannot slip; moreover, the old-fashioned way of making an incision over the chest from the throat down should be abandoned, particularly in women, in favour of a "U" shaped incision, which leaves no scar visible with a low-necked dress. These common errors are quite inexcusable and are the cause of most of the friction on this subject.

Hospitals are Criticized for Providing Commercial Services

SOME of our hospitals have recently been receiving a good deal of criticism for operating cafeterias, selling flowers, candy, magazines, and so on, to patients' relatives.

A patient may be very ill, hovering between life and death, the relatives are consequently loath to leave the hospital, even to get a meal, and sometimes do without rather than take the time to go out and look for an eating-place, which may be some distance from the hospital, particularly if the hospital be located in the suburbs; yet the hospital, even if it be a large one having people placed in this very circumstance every day within its precincts, is severely criticized sometimes for attempting to take care of this situation and, on the other hand, is sometimes criticized for not trying to do the "human" thing.

Many of our hospitals have a booth near the entrance, where sufficient trade in candy, tobacco and magazines can be developed to give employment to a blind person. A few of our larger hospitals, for the convenience of their patrons, have found it advisable to maintain dining-room service and, in some instances, a flower-shop. Objections to these developments are usually on the basis that they are in opposition to private business. Actually these departures do give employment to worthy individuals, and any profit resulting from the dining-room or the flower-shop would be applied to giving service to non-pay patients in hospitals, as all of these institutions are organized on a non-profit basis.

Saskatchewan Hospital Association Holds 17th Annual Convention

By G. E. PATTERSON, Secretary-Treasurer.

A VERY representative gathering of hospital people was held at Moose Jaw, Sask., on October 22 and 23, for the 17th Annual Convention of the Saskatchewan Association. Delegates comprised both officials and Board members, and Nursing Sisters were as usual well represented.

The Convention was heartily welcomed by His Worship Mayor Harris Johnstone, and the delegates made to feel at home at once in a city noted for its hospitality to conventions, many of which have taken advantage of the excellent facilities so generously offered. The mayor stressed the point that the public were now more of the opinion that hospital services should be placed on the same plane as education, and thus made more available to a greater number of citizens.

The President, Mr. Jos. Needham of Unity, Sask., recently elected to the Federal House, expressed regret that this would interfere with his continuing in the hospital work with which he had been identified for 22 years. He also expressed the opinion that there is a strong trend toward "State Medicine," and it is only delayed because of the financial situation in which Governments are placed at present.

Dr. R. O. Davison, Deputy Minister of Public Health, gave a report on the operation of Hospitals in Saskatchewan for 1934. The very comprehensive paper was mimeographed to be made available to all, and as in former years covered every phase of hospital work from a statistical standpoint. In his remarks, the doctor emphasized the fact that Boards are responsible for seeing that each institution keeps up to standard, and also urged the necessity of medical staff meetings and the keeping up of case records.

"Laboratory Work in the Small Hospital" was very ably covered by Miss Eleanor Siekawitch, technician in charge of the laboratory in the Moose Jaw General Hospital. That this is a most important department was fully demonstrated. The paper dealt with the need of trained personnel, ample but not expensive equipment, suitable space, and then plan to use the services as much as possible. The need for special training for Laboratory Technicians was noted, and the lack of such a course in Canada, but it was suggested that assistance might be given by laboratories in larger hospitals, and by the careful use of text books and clinical laboratory literature.

"The Possible Effect of a Health Insurance Plan on our Hospitals," was reviewed in a paper by Mr. Leonard Shaw, Superintendent of the City Hospital, Saskatoon. He indicated the general trend towards compulsory Health Insurance in over twenty countries throughout the world, and the possibility of legislative control of health problems in our country in the near future. In Canada this will be a Provincial problem, and in some provinces active interest is already in evidence, and plans formulated. Under an all-inclusive plan the hospitals of Saskatchewan should receive from twenty-five to thirty-three per cent

of total monies subscribed, and will have to provide adequate service accordingly. Although not likely to be government owned, hospitals will be under strict supervision and required to render the highest type of service. We may expect increased demand for public ward service and more facilities for diagnostic services. Needless duplication of service will be discouraged, eliminating competition, which would be an economically sound move. Hospitals will have to see that adequate payment is offered them for services demanded, and they should support the following principles: The operation of such a plan under an entirely non-political Commission, assisted by an Advisory Board on which the Hospital Association should be represented; payment in full for all indigents; a free choice of hospitals; payment for diagnostic facilities; all hospitals with standard requirements given equal status; a very definite code of standards, and provision against migration of patients.

Discussion of the paper was conducted by Dr. H. H. Mitchell, Superintendent of the Regina General Hospital. He was of the opinion that the larger hospitals fully equipped for diagnostic service and treatment by specialists, should expect to receive a higher rate per day than the smaller hospital with simpler equipment. He proposed that a committee be set up to study the problem and report back to the next Convention.

"The Value of a Ladies' Auxiliary in Relation to the Hospital," was the subject of a very comprehensive paper by Mrs. Wm. Houston of Moose Jaw. Pointing out that Auxiliaries have been active in Canada since 1865, they have proven their worth and can give valuable assistance in these times of financial stress. The social service in the hospital and community is one of the many activities within the scope of the Auxiliary. By keeping the community in touch with the needs of the Hospital, much helpful interest can be maintained and unfavorable criticisms overcome. The Hospital should be shown to be a place, not to die, but in which to learn to live, and be a health centre to the community. The personal interest of Auxiliary members in patients, to their great advantage, was cited in several cases, showing what a great service can be done by a visiting committee. A simple plan of organization was outlined, and a plea for the interest of all women in their local hospital.

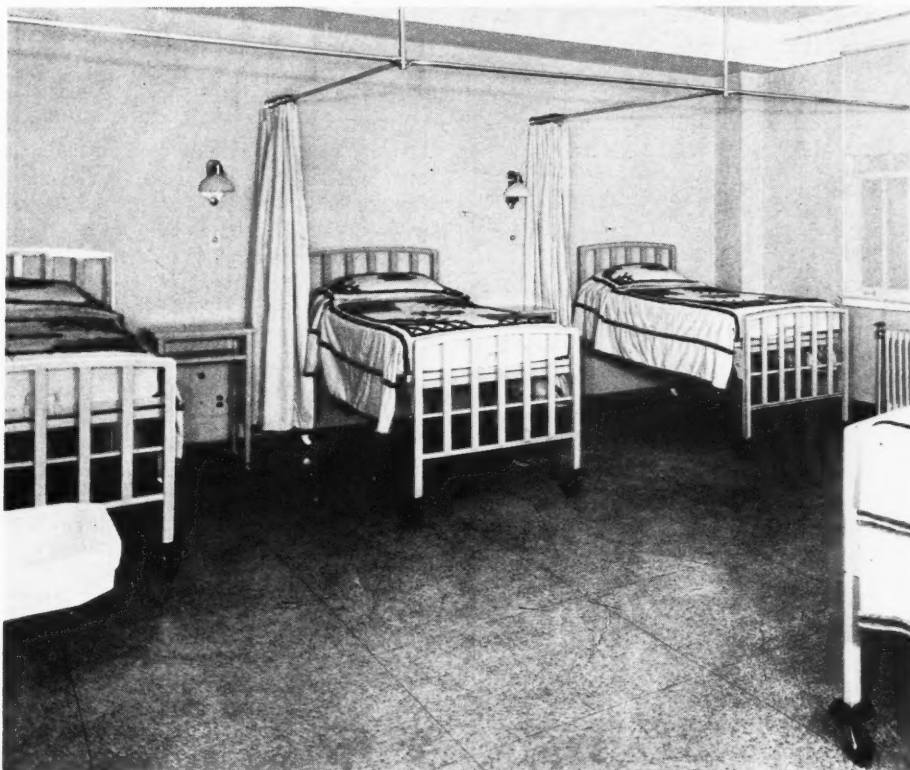
Mr. S. H. Curran of Yorkton led a discussion on "Problems of the Smaller Hospitals." He was of the opinion that the problem of financing was common to all hospitals, large or small, and constitutes one of the most important. While not working for profit, every hospital must collect fees for services rendered in order to provide the facilities expected of a hospital. If not paid for personally, every patient should be paid for by an urban or rural municipality. By a careful comparison of receipts and expenditure month by month, a Board should keep

(Continued on page 42)

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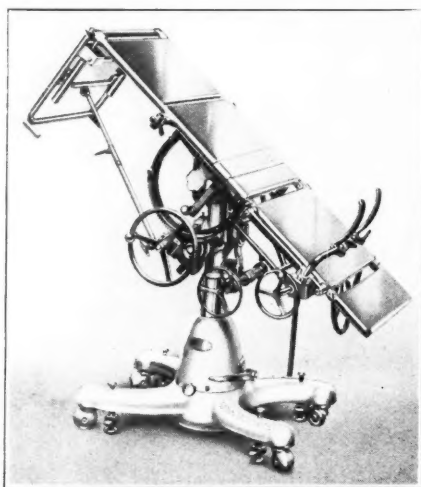
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Saskatchewan Hospital Association Holds 17th Annual Convention

(Continued from page 40)

bad debts to a minimum and co-operate with their staff for careful financing.

At the evening session, following a banquet in the Grant Hall Hotel, Dr. Davison gave an interesting talk on cancer and the work being done by the Saskatchewan Cancer Commission. This was illustrated by a film showing the treatment of patients in the Regina and Saskatoon Cancer Clinics, which was very interesting to the delegates.

The sessions of the second day were opened by Mr. R. S. Connell, technician at Fort Qu'Appelle Sanatorium, in a paper on "Suggestions for Raising the Standard of X-Ray Work in Small Hospitals." The importance of a good X-ray plate in diagnosis was shown, and the need for special care in the interest of the patient. The minimum requirement of accessories necessary to good work was outlined, including tubes, cassettes with screens, Bucky diaphragm, timer and a good steady power supply, with stabilizer. The importance of the developing room and solutions of proper temperature were stressed and also proper film washing facilities. Given these essentials and a competent technician, the small hospital can do work equally as good as the largest institutions. The suggestion was made that technicians would find it to their advantage to affiliate with some of the larger departments to learn new technique and thus give their patients the best possible service.

In the discussion which followed, Dr. Michaud of Moose Jaw General Hospital and Dr. Ramsey of Regina General Hospital X-ray departments, answered questions and covered the subject in an interesting and instructive manner.

"The Nursing Staff" was dealt with in a paper by Miss A. Lawrie, Superintendent of Nurses in Regina General Hospital, who made a strong plea for shorter hours of duty for nurses. She showed this to be reasonable in view of the strenuous nature of their work, with the added burden of class study, in the case of nurses in training. The over-work is largely responsible for the undue number of breakdowns among student nurses, and is often responsible for unfortunate mistakes. The tendency is towards the eight hour day in many places, and it was urged that this be put into effect as soon as financial conditions will permit. Until that is possible, every effort should be made to reduce the hours of night duty and give better living conditions so that the night staff can secure proper rest when off duty.

Discussion was led by Mrs. M. A. Young, Superintendent of Nurses, Moose Jaw General Hospital.

Dr. R. G. Ferguson, Superintendent of Saskatchewan Sanatoria, gave a report on the examination of hospital staffs for tuberculosis. For the protection of the staff and nurses he claimed that infectious technique should be carried out in all the wards of a hospital, as well as in the isolated wards. It also protects patients from others recently admitted and perhaps not diagnosed. Nurses should be trained in the importance of the use of wash basins, and the sterilization of dishes. A questionnaire on the examination of nurses sent out to all Saskatchewan

(Continued on page 44)

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At this time may we express our sincere appreciation to those who have in any way contributed to our progress during the past sixteen years—to members of the Society of Chemical Industry, the Canadian Institute of Chemistry, L'Association des Chimistes Professionnels de Quebec, the Canadian Chemical Association and Federated bodies, and others associated with these interests.

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and Happiness Throughout
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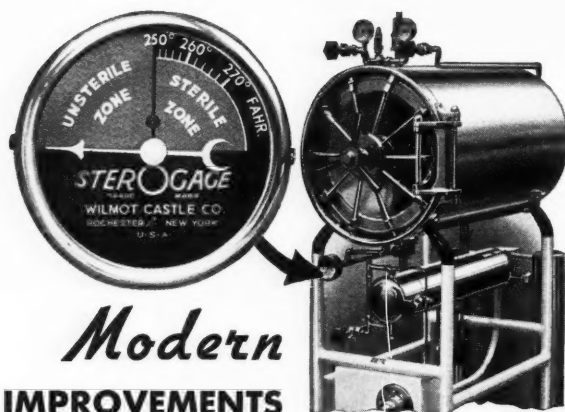
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Saskatchewan Hospital Association Holds 17th Annual Convention

(Continued from page 42)

hospitals showed that in the majority of cases X-ray is being used in the examinations, and many are taking the steps suggested in the memoranda sent out last year. A number of hospitals are conducting the examination for maids and orderlies. Reports show that more than the average number of student nurses develop T.B. In 1934 there were ten, which is several times higher than in normal students. This points to the need of greater care in examination on admission to training schools and periodic examinations thereafter.

Mr. Leonard Shaw gave an outline report of the meeting of the Canadian Hospital Council in Ottawa on October 8, 9 and 10. Reviewing the various papers briefly from the bulletins covering each, he was able to give an interesting glimpse of the scope of the deliberations. These reports are now in the hands of all hospitals and need not be reviewed here. The matter of Uniform Hospital Statistics received special mention, as all Canadian hospitals will soon be asked to co-operate in putting these into effect. He issued a strong plea for support of the Canadian Hospital Council and of the magazine, "Canadian Hospital."

Mr. T. Berven of Wadena gave an address on "How Can the Association Assist the Hospitals." He emphasized the value of the personal contact of hospital executives at Conventions, the importance of united effort through the organization, in securing favourable legislation, and the added value of the wider contact with Dominion and international hospital workers.

In the discussion following, led by Mr. J. S. Williams of Moose Jaw General Hospital, the matter of group meetings of six or more hospitals in adjacent areas was discussed, but no action was taken to institute this as a policy. Several such meetings had been held during the summer with varying success, and some feared that they would detract from attendance at the Annual Convention.

Mr. S. R. Curtin, K.C., gave an instructive outline of "Legislation Amendments" since the last Session. These had to do chiefly with securing municipal responsibility for emergency cases and those unable to pay, and it is found that the new legislation is working to the advantage of the hospitals. Hospitals now have the power to postpone admission of any case not an emergency case until the patient secures the necessary authorization from his local rural council, and cases of emergency are covered by a certificate of the attending physician.

Officers for 1935-36

Election of officers for the year 1935-1936 resulted as follows:

Honorary President, Hon. J. M. Uhrich, M.D., Minister of Public Health; President, Dr. R. G. Ferguson, Fort San; President-Elect, Mr. L. Goudy, Saskatoon; 1st Vice-President, Mr. S. W. Nichols, Indian Head; 2nd Vice-President, Mr. F. R. Beggs, Wilkie; Secretary-Treasurer, Mr. G. E. Patterson, Regina; Extra Executive Members: Rev. Sister Clotilda, Moose Jaw; Dr. H. H. Mitchell, Regina; Mr. Leonard Shaw, Saskatoon.

It was decided to hold next year's Convention in Saskatoon.

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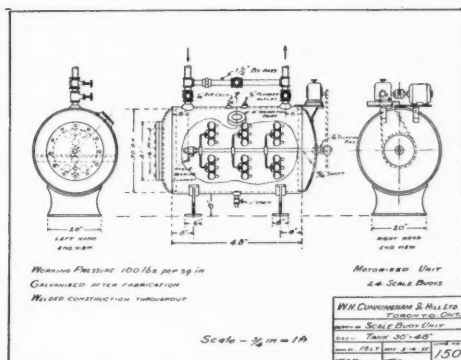
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This treatment, which consists of passing the water to be treated over the required number of SCALE BUOYS (glass vacuum tubes) while the SCALE BUOYS are in motion, is a **physical** treatment which makes no chemical change in the water. No chemicals or ingredients are added to the water. For this reason, it is particularly suited to hospitals where it is very necessary that no foreign chemical be carried over with either the water or the steam.

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The SCALE BUOYS are installed in a treatment tank through which all the water to be treated is passed. The number of SCALE BUOYS depends upon the amount of water to be treated and the particular conditions of the installation. The SCALE BUOYS are put in motion while the water is passing through, either by hydraulic pressure or by a motor-driven shaft.



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On the seventh day after installation, the corrosion on the boiler manhole caps was gradually deteriorating; it has almost disappeared at this date.

On the tenth day we took notice that the heating system and vacuum pump were gradually cleaning out, reducing jet water on the vacuum pump at least 50%.

The water throughout the building was then clear.

In the laundry, we reduced the use of soap 35%, saving us \$30.00 per month.

We reduced the tri-sodium phosphate 80%, saving \$40.00 per month.

We reduced the use of bleaches and are saving \$5.00 per month, making a total saving of \$75.00 per month in the laundry, and this estimate is conservative.

We noticed the great difference in the blankets washed since the installation of Scale Buoys. Woollen blankets came through like new ones, soft and fluffy, no shrinkage or harshness. It is interesting to compare the blankets washed before the installation of Scale Buoys with those washed after, and note the unbelievable difference.

Previous to Scale Buoys, the most vacuum we could create on our heating system was only two to four inches. Five days after installation, a vacuum of ten to twelve inches was noticed, showing that the traps had cleaned up. This alone saves us one ton of coal per day, in addition to the cost of replacing many of the traps at \$7.00 per trap, plus installation."

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No. 11600 Rubber Tubing, "Cenco Amber," pure gum, medium wall.

Diameter inside in.	1/8	3/16	1/4	5/16
Thickness of wall, in.	1/16	3/64	1/16	1/16
Per ft. (Multiples of 3 ft. only)	.13	.13	.15	.15
Per box containing 12 ft. length	\$1.24	\$1.25	\$1.44	\$1.44
Per carton of 96 ft.	\$8.73	\$8.74	\$10.08	\$10.08

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Diameter inside in.	3/16	1/4	5/16
Thickness of wall, in.	3/32	1/8	1/8
Per ft. (Multiples of 3 ft. only)	.15	.25	.25
Per box containing 12 ft. length	\$1.44	\$2.40	\$2.40
Per carton of 96 ft.	\$10.08	\$16.80	\$16.80

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Apparatus Designed for Pharyngeal Insufflation of Oxygen

The use of a nasal catheter for supplying oxygen in concentrations sufficient to secure therapeutic results has become increasingly popular during the past few years. Apparatus is available which is easily portable and can be used quite as well in wards as in private rooms. Sterilization of the equipment requires no special procedure, there is no appreciable fire hazard and the control of humidity, temperature and carbon dioxide is not complicated. Supervision is reduced to a minimum and requires practically no specialized training on the part of the physician.

The apparatus illustrated herewith, which is employed in pharyngeal insufflation of oxygen, has been discussed in a recent paper in American Medicine by E. A. Rovenstine, M.D., of the Wisconsin General Hospital, Madison, Wisconsin. Dr. Rovenstine says in part:

Oxygen as it leaves the cylinder is dry. Patients may complain of a feeling of dryness in the throat and there is the added possibility of dehydration of the mucous membranes. The use of a dehumidifier, so that the oxygen contains an appreciable moisture content, avoids this effect and serves to relieve patients from the feeling of dryness in the throat. It consists of a round metal tray which supports three ordinary quart glass fruit jars with screw tops. The first of these jars receives the oxygen from the cylinder and contains a humidifier immersed in water where the gas is broken up into very fine bubbles that it may absorb a maximum of moisture. The oxygen then goes to a second jar which contains a water flow gauge to register approximately the flow in liters of oxygen per minute. The third jar from which the oxygen is delivered through ordinary rubber tubing to the patient, is a moisture trap preventing particles of water being carried to the patient's pharynx. The appliance is complete with a tray similar to the base as a cover, and the trays are secured together with a bolt. It has been determined that each one hundred liters of oxygen delivered through this humidifier will absorb an average of 1.8 grams of water or, when flowing four liters per minute, the oxygen will carry along approximately four and one-half grams



With the catheter properly placed, the patient experiences no interference with necessary functions.

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of moisture per hour. At temperatures above 70 degrees Fahrenheit, oxygen flowing at four liters per minute will be approximately 90 per cent saturated with water.

The oxygen may be conveniently used from large size commercial cylinders fitted with a regulator indicating the pressure of the gas in the cylinder and a spring gauge to register the flow of gas at the unobstructed outlet. The flow gauge is convenient and serves to check the flow meter contained in the humidifier. If fitted with a luminous dial, it is especially desirable in a darkened room. The spring gauge may, however, continue to register when there is complete obstruction at the outlet and may be materially influenced by the size of tubing or catheter used. Hence the desirability of the water flow meter. The regulator on the cylinder is connected to the humidifier unit with rubber tubing. Cylinders may be used that are fitted with a pressure regulator and water flow meter similar to the one included in the humidifier already described. These water flow meters are approximately accurate and do not indicate flow when the outlet is obstructed. They are desirable when the humidifier unit is not available.

New Officers of Alberta Hospital Association

At the annual convention of the Alberta Hospital Association, which was held in the Palisser Hotel, Calgary, on November 19th and 20th, the following officers were elected:

Honorary President, Hon. Dr. W. W. Cross, Minister of Health, Edmonton; President, Mr. A. Farnilo, Edmonton; Vice-President, Dr. W. H. Hill, Calgary; Sec.-Treas., James Rodgers, Drumheller; Executive Committee, Thomas Cox, Edmonton; H. Milton Martin, Edmonton; C. P. McQueen, Calgary; L. Wilson, Wetaskwin; F. J. Swain, High River; Legislative Committee: Dr. A. F. Anderson, Edmonton; Dr. A. E. Archer, Lament; Dr. R. T. Washburn, Edmonton.

\$2,000,000 Building Plan is Recommended at Winnipeg

A \$2,000,000 construction programme for Winnipeg General Hospital, involving additions to or replacements of existing buildings, was put before city council on December 2nd, with a request that the scheme be advanced to the provincial government as an unemployment work "to take precedence" over all other projects of a relief nature.

Space was needed, in particular, for emergency, accident, maternity, mental and alcoholic cases. The operating rooms were likewise inadequate, having been designed to meet conditions of 20 years ago, the board said. Centralization of laboratory facilities was also an urgent requirement. Specifically the plans call for:

1. Complete replacement of all non-fire resisting building occupied by patients, \$1,240,000.
2. Service building, remodelling and additional storeys, \$600,000.
3. Service building with remodeling to reclaim lost accommodation through tearing down old section, \$300,000. Total, \$2,140,000.

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News of Hospitals and Staffs

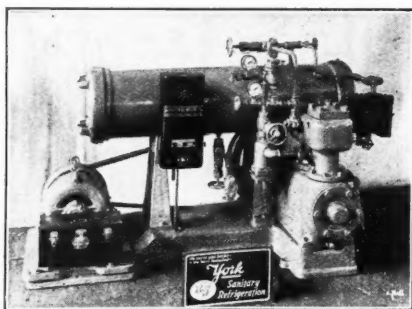
*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

COCHRANE, ONT.—The financial statement of the Lady Minto Hospital, presented at the recent annual meeting, shows the hospital to be in good standing, having operated at a profit during the past year after making provision for depreciation and bad debts.

Receipts during the fiscal year ending Sept. 30 were \$47,205.05, and disbursements amounted to \$38,455.67, leaving an operating surplus of \$8,749.38. Bad debts to the amount of \$2,644.40 and amounts to depreciation reserves of \$4,089.90, left the net surplus to be carried to general surplus at \$2,015.08.

* * *

CRESTON, B.C.—At a special meeting of the directors of Creston Valley Hospital Association, in charge of President F. V. Staples, it was decided to get on immediately with the erection of a nurses' home in connection with the hospital at Creston. Plans and specifications were studied and it was decided to construct a storey and a half building 26 x 28 feet, with a verandah 26 x 6 feet, with stucco exterior to match the hospital building.



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DUNCAN, B.C.—Mr. E. W. Neel, chairman of the King's Daughters' Hospital Board, Duncan, was re-elected president of the B.C. Hospitals Association at its convention in Victoria on November 20th.

* * *

FERGUS, ONT.—The Board of Directors of the Groves Memorial Hospital have been fortunate in securing the services of Mrs. Mary S. Bowman, of Toronto, as superintendent of that institution. She has had a wide experience, being at different times superintendent of the Kitchener-Waterloo hospital, of the Women's College Hospital in Toronto, as well as superintendent of a hospital in Halifax. With such a wide experience she should fill the local position with credit to herself and the institution.

* * *

FORT WILLIAM, ONT.—The annual meeting of McKellar Hospital trust calls attention to the extent of the service rendered to the city by this hospital and to the growth of the institution since the first little hospital was built on the present site, a unit which has been completely swallowed up by later extensions, which now accommodate in all, 200 beds.

The high standard of efficiency that has always been maintained at McKellar Hospital has been attained at the minimum of cost, and McKellar Hospital stands almost in a class by itself among the hospitals of the province in respect to low cost per patient. Mr. W. H. Browne is the business manager, and Miss Barbara Bell is superintendent of nurses.

* * *

GODERICH, ONT.—At their recent annual meeting the Alexandra Marine and General Hospital Board discussed the matter of making additions to the hospital for the accommodation of patients. It was stated that at various times throughout the year the accommodations were not great enough to meet the demands of the cases that come.

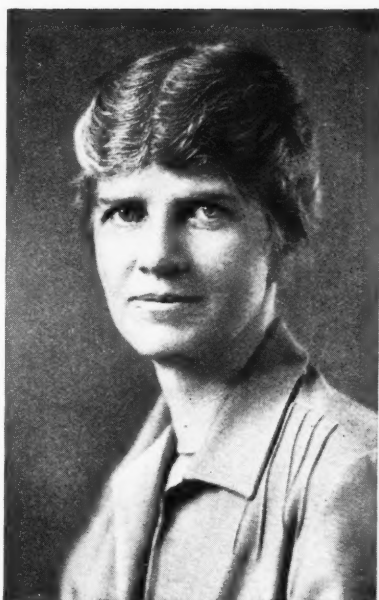
A further report will be made later.

* * *

GRAVENHURST, ONT.—Dr. J. C. Day, radiologist, member of the National Sanatorium medical staff, died here on December 15th, following a sudden heart attack. He was a graduate of the University of Washington, D.C., and came to the sanatorium 22 years ago for treatment.

Dr. Day was head of the X-ray department, in which work he was considered an authority. In college he took keen interest in athletics and music. For a few years he conducted the sanatorium orchestra. His remains were sent to Baltimore, Md., where his mother and brother reside.

Please refer to THE CANADIAN HOSPITAL when writing



Miss E. Kathleen Russell,
Director of the
School
of Nursing at
University
of Toronto, who
has been
granted leave for
three months
to study advanced
nursing
methods in
England.

HANNA, ALBERTA.—Miss Ethel L. Brown, matron of the Onoway hospital for three years, has been appointed Superintendent of the Hanna Municipal Hospital. Miss Brown is a graduate of the Royal Alexandra Hospital, Edmonton. She has had four years experience on the nursing staff of the Vegreville Hospital in addition to her three years as matron at Onoway.

* * *

KINGSTON, ONT.—Work on a temporary frame laboratory has started at the rear of the laundry at the General Hospital. The building will be one-storey 40 by 70 feet, and will be divided into experimental and research laboratories. It is understood that the building will be used by Dr. Hendry C. Connell and his staff of assistants in pursuing their research into the ensol treatment of cancer.

* * *

LONDON, ONT.—Work on the Col. C. K. Morgan Surgical Pavilion at the Queen Alexandra Sanatorium, Byron, is now rapidly nearing completion and it is expected that this new and most valuable weapon in the battle against tuberculosis will be in operation early in January. It will have accommodation for forty beds.

* * *

MONCTON, N.B.—The Moncton Hospital will be richer by a most complete and modern medical library, as the result of the generosity of Mrs. W. A. Ferguson and the

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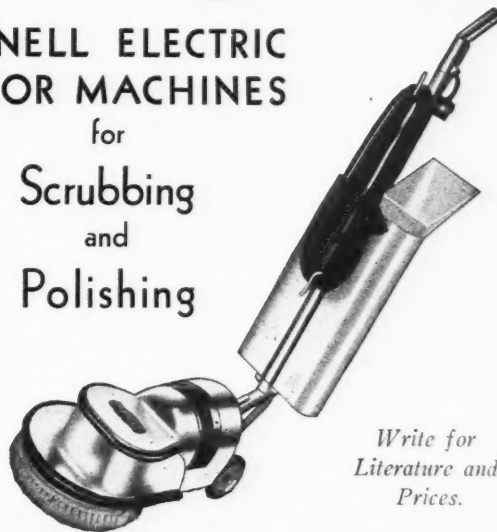
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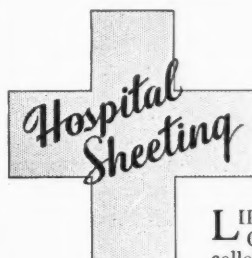
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News of Hospitals and Staffs

(Continued from preceding page)

late Dr. Ferguson. Miss A. J. MacMaster, R.N., superintendent, and Dr. J. A. MacNaughton, both spoke briefly concerning the value of the books. The members of the board were greatly pleased at the announcement of the donation, and it was remarked that the collection is one of the most valuable of its kind in this part of the country.

* * *

MONTREAL, QUE.—A conference of 41 Jewish organizations and societies met on November 27th under the chairmanship of J. R. Bogante, president of the Hebrew Consumptive Aid Association of Canada, to study the construction of an incurable hospital, which would be non-sectarian, and called the Jewish Incurable Hospital. The chairman submitted a report showing that there was on hand \$20,000, and the City of Montreal had donated a large tract of land in 1931 for this purpose. He outlined the work, which has already been done, stressing the urgency and necessity of such an institution. Representatives of various organizations were enthusiastic in their approval of this important project and were confident that the necessary additional amount required would be attained without great difficulty.

* * *

NIAGARA FALL, ONT.—Miss Dorothy Flint, graduate of the Montreal General Hospital and the School for Graduate Nurses at McGill University, has been appointed assistant superintendent of the General Hospital here.

* * *

PETERBOROUGH, ONT.—An installation of modern X-ray equipment has been made at St. Joseph's Hospital, following the gift of \$10,000 recently donated to the hospital by Senator O'Connor.

* * *

REGINA, SASK.—With present accommodation crowded to the limit, the provincial government will shortly have to undertake the construction of a new mental hospital, a member of the government stated recently.

The new building, it is believed, will form a part of a general public works programme the government will attempt to inaugurate in at least partial substitution of direct relief. It is probable a considerable part of the programme will be road building, but the government has not been able, so far, to line up a suitable programme that will assist unemployed in cities.

* * *

SAINT JOHN, N.B.—Dr. E. A. Petrie, roentgenologist to St. Joseph's Hospital, Saint John, N.B., spent the month of November at the Harvard Medical School, Boston, taking a post-graduate course in roentgenology. Most of the diagnostic and therapeutic work done by Doctor Petrie was under Doctor Sosman in the Peter Bent Brigham Hospital.

* * *

SAULT STE. MARIE, ONT.—The objective of three years' hard work was realized by the Ladies' Auxiliary

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to the Plummer Memorial Hospital on November 14th, with the opening of their children's ward. Proceeds of dances, teas, sales, and various other entertainments sponsored by the Ladies' Auxiliary for the past few years, went into the fund to realize their ambition of a special children's ward. Miss Mina Carson, Superintendent, conducted the guests around the new ward.

* * *

TORONTO, ONT.—Dr. Hugh M. Cooke, Reeve of Forest Hill, was recently appointed supervisor of indigent hospital cases by York County Council, recently. He will retire from the village council.

* * *

TORONTO, ONT.—Dr. Gordon B. Hyland, deputy reeve of Forest Hill, has been appointed chairman of the Board of St. John's Convalescent Hospital, replacing Hon. Vincent Massey.

* * *

TORONTO, ONT.—William Alexander Bruce, chief engineer at Wellesley Hospital, died suddenly at the hospital on December 12th. He was a native of Sunderland, England, coming to Toronto 22 years ago. He had been stationary engineer at Wellesley Hospital from its founding. A Presbyterian, he attended St. Andrew's Church. He was a Mason and a member of the Universal Craftsmen Engineers' Council. His wife died three years ago.

* * *

TORONTO, ONT.—Dr. Ernest Augustus McDonald, ex-president of the Academy of Medicine, died suddenly on December 12th. He was one of the founders and former chief surgeon of Toronto East General Hospital.

The doctor was a strong advocate of health insurance and establishment of government or municipal medical centres where indigents and those with limited incomes as well as the smaller wage earners might receive treatment at the public expense as a matter of right and not as paupers. He never missed an opportunity to remind federal and provincial authorities of their responsibility for remedying present conditions.

* * *

TORONTO, ONT.—The fall meeting of the Ontario Neuro-Psychiatric Association, was held at the Ontario Hospital, Toronto, on Friday, November 29th.

The President, Doctor Geo. C. Kidd, presided, and the Reverend John Bushell of Toronto gave the address of welcome. Papers were read by the following Dr. C. A. Cleland of the Ontario Hospital, Brockville; Dr. A. L. MacNabb of the Department of Health, Toronto, and Dr. K. G. McKenzie, Neuro-Surgeon of the Toronto General Hospital.

The Honourable J. A. Faulkner, Minister of Health, and Professor R. B. Liddy of the Department of Philosophy and Psychology of the University of Western Ontario, were the guest speakers at the Association dinner which followed.



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Hospital Building

Lloydminster, Sask.

With 30 per cent more patients in 1935 over the average number of patients for the last three years, it has been necessary to add a new six-bed ward, a nursery, a case room and a bathroom to the maternity floor of the Municipal Hospital here, in a new wing recently completed.

Last year the ground floor of the now complete wing was added, bringing the original capacity of 42 beds to 48 beds. This year the addition of the second floor has brought the total capacity to 55 beds.

* * *

Montreal, Que.

Erection of a new hospital for the service of Indians in the Caughnawaga Reservation is being contemplated by the Department of Indian Affairs, according to Dr. J. H. Jacobs, head physician for the Department of Indian Affairs at Caughnawaga. The present Sacred Heart Hospital would, in that event, be converted into a convalescent home, which would serve the Indian populations of Quebec, Ontario and New Brunswick.

Should this plan be put into effect it would write a new chapter in the history of a building a century old, and already having had an unusually checkered career. The building which houses the present Sacred Heart Hospital at Caughnawaga was built 100 years ago by Joseph DeLorimier, father of Mr. Justice DeLorimier of the Superior Court.

* * *

Montreal, Que.

Plans for a nurses' home at the Homoeopathic Hospital, on which work will be started in the spring in order to complete the structure by autumn, were told to the graduating class of the Phillips Training School for Nurses at the Homoeopathic Hospital during graduation exercises

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on December 11th, by Gordon Westgate, hospital president. The nurses' home, a two-storey building, will be built on hospital land facing on Northcliffe Avenue, at the rear of the main Marlowe Avenue building.

An underground tunnel will connect the home with the hospital proper.

* * *

Kelvington, Sask.

The new union hospital at Kelvington was officially opened on Thursday, December 12th, by Dr. G. E. Dragan, M.L.A., official duties preventing the attendance of Hon. J. M. Uhrich, Minister of Health, and his deputy, Dr. R. O. Davison.

* * *

Vancouver, B.C.

Dr. S. S. Goldwater, internationally-known consultant on hospital construction, will be asked to make an immediate survey of the Vancouver General Hospital in a final effort to overcome desperate overcrowding conditions and establish a programme which will provide satisfactory facilities for the next twenty-five years.

This was the decision of the board of directors of the hospital on November 28th, after hearing from Dr. A. K. Haywood, superintendent, an alarming description of present conditions in the institution. The board empowered Dr. Haywood to communicate with Dr. Goldwater immediately and request such a survey.

* * *

Toronto, Ont.

Quietly and without any ceremony the new Women's College Hospital on Grosvenor Street, was opened on December 16th. Twenty patients were transferred from the Rusholme Road Hospital, which the new structure replaces.

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A Study of the Mechanical Equipment at Toronto Western Hospital

(Continued from page 36)

In general the plumbing equipment is much the same as used in other high grade hospitals, but special care has been taken to reduce the noise as much as possible. For this reason silent type water closets have been used. All concealed hot and cold water piping is copper with soldered fittings so this equipment should last indefinitely. In the pipe space in the basement where repairs can easily be made, galvanized iron was used for cold water lines in order to keep down the cost. Separate water services from three streets are brought into the hospital grounds and so connected that if the water main is broken or shut off on one street, water will be supplied from one of the other streets.

A new 2,200 volt service has been inaugurated in the new power house by the Hydro-Electric System and a transformer station is located there to serve the hospital. Power is sold to the hospital at 550 volts for use on motors, and lighting is 110/220 volts. Light and power distribution is much the same as for other hospital buildings. Large capacity plugs are placed in each of the patients' rooms so that there will be ample power to take care of future electrical equipment which may come into use. All electrical equipment in each patient's room is grouped as far as possible into one box. This will help considerably in making repairs and also presents a neater appearance on the walls than a number of separate boxes.

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This new and rather extraordinary product is actually an oil, yet entirely water soluble. When small quantities are added to the bath water, it is highly recommended by the makers for those suffering with dry skin. As the manufacturers claim, it not only softens the water, but leaves the skin supple and smooth.

Other uses include the addition of ten parts water to one part Water Soluble Bath Oil to produce an efficient air purifying and sweetening spray which can be used to advantage in many sections of the hospital.

G. H. Wood and Company Limited, with offices from coast to coast, put up this product in both small and bulk sizes.

"Ovaltine" Jersey Cows Sweep the Board at the Dairy Show

At the Dairy Show at the Agricultural Hall, London, held in October, the "Ovaltine" jersey herd swept the board by winning first prize in all three classes.

In addition the herd secured the much sought-after extra inspection prize for the animal giving the greatest quantity of milk, and also the reserve award—the only two awards given in this class.

Every animal entered by the "Ovaltine" Dairy Farm secured a prize—a 100% success and a remarkable achievement, which sets the seal on the record season which this famous herd has enjoyed. The total number of awards gained in 1935 at the principal agricultural shows is no less than 115.

